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ABSTRACT

This manual offers a model and guidelines for developing and delivering a workshop training program for family day care providers to increase their ability to serve young children with disabilities. Model components include recruiting caregivers and children; training caregivers; services to children and parents; ancillary services; and costs. Section One covers the model's philosophy and rationale, recruitment, services for children (including curriculum, therapy, and Individualized Education Programs), services for parents, and costs. Section Two focuses on training and covers: the training approach (stressing the caregiver as an adult learner); workshops (length, methods, materials, topics, evaluation); on-site consultation and supervision (individual mastery plans and guidelines for supervision). Section Three details the six workshops covering: (1) the philosophy of the program and warning signs of possible disability in young children; (2) characteristics of quality child care; (3) implementing a diagnostic/prescriptive curriculum (the HICOMP PreSchool curriculum) in the family day care situation; (4) teaching methods and legal rights of handicapped children; (5) effective methods of behavior management; and (6) helping families of handicapped children. Extensive handouts are included. A separate section lists print and audiovisual information resources. Ten appendices provide additional forms, evaluation instruments, and planning aids. References accompany most sections. (DB)

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NEIGHBOR CARE

TRAINING MANUAL FOR FAMILY DAY CARE

June, 1987

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TRAINING MANUAL FOR FAMILY DAY CARE

June, 1987

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NOTICE:

This work is not published. It was produced to fulfill the requirements of Grant #60084001382 from the Department of Education, Handicapped Children's Early Education Program. The purpose of this work is to help early childhood special educators to replicate the Project Neighborcare Model. IT MAY NOT BE REPRODUCED EXCEPT FOR HANDOUTS THAT MAY BE USED IN WORKSHOPS ONLY.

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Section One:

Introduction

NEIGHBOR CARE

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I. Philosophy and Rationale

The Project Neighborcare model was based on five assumptions that guided the selection of service delivery system and program components.

1. Handicapped preschool children should receive early intervention services in a normalized, least restrictive environment.
2. Handicapped preschool children should be integrated with their nonhandicapped peers.
3. Parents of handicapped preschool children who work should have early intervention services available that take their family circumstances into account.
4. The most commonly used form of child care by parents of nonhandicapped preschool children should also be available to parents of handicapped preschool children.
5. In a rural or sparcely populated area where center-based early intervention is not feasible and/or available, other alternatives must be available.

These five assumptions led to the selection of day care in general and family day care in particular as the service delivery system within which to provide early intervention services. Family day care is the most commonly used form of day care. Making day care a part of the continuum of services for exceptional preschool children is important for several reasons.

More than ten years ago, Galloway and Chandler (1976) pointed out that unless handicapped preschool children were served in programs offered to the community at large and that were dispersed throughout the community, then mainstreaming and integration were unlikely to achieve their goal of normalization. Thus, they proposed that special and "generic" services for children be blended. Child care programs are some of the most numerous "generic" services for preschool children available. At last count, there were 67,000 child care centers (Phillips & Whitebook, 1986) and 1.8 million family day care homes (Divine-Hawkins, 1981). Merely from a practical standpoint, it would be difficult to disperse early intervention services throughout any community without involving child care programs.

The other reason for making day care a part of the continuum of early intervention services is a demographic one. The majority of women with preschool children are employed. In fact, half of all women with infants under age one are employed and in need of child care services. Projections show that by 1995, two-

thirds of all children under age six will have working mothers (Hofferth & Phillips, 1987). The majority of women who work do so for economic reasons (Select Committee on Children, Youth, and Families, 1984). Families of handicapped preschool children are likely to have similar, if not more, economic incentives for having both parents (or a single parent) in the work force. Programs that serve children less than 20 days per month and whose hours do not correspond to typical parent work schedules may place unnecessary restrictions on parents whose financial and/or psychological needs must be subsumed to the educational needs of their child. A dire need exists for programs that allow both parent and child needs to be met. Day care programs that provide full-day services on a daily basis meet the need of dual career and single-parent families and, given appropriate supports, may also meet the needs of handicapped preschool children.

Day care programs can take several forms. The most well-known but least used form of day care is the day care center. Less well-known but the most frequently used form of day care is the family day care home. Family day care is a form of child care that occurs in a home for up to 10 children (depending on the state) with one adult caregiver. The caregiver's children under 14 are typically included in the total number of children. Most states require that people caring for a designated minimum number of children in their homes must be licensed or registered. Even though many people refer to family day care providers as "babysitters", this is actually a misnomer. Family day care providers are running their own child care business in their home; they contract with parents to provide child care services for a prearranged fee. The 1.8 million family day care providers that are interspersed throughout the neighborhoods and rural areas of the United States are virtually an untapped resource for services to young children with special needs.

Because family day care can take place in anyone's home and can typically only take six to ten children, they are a more viable form of child care in rural or sparsely populated areas where there are too few children or distances are too great to begin a center-based program. Even in areas where this is not a factor, parents may appreciate the warmth and informality of a home setting for young children where, compared to a center, there are fewer adults and other children to adapt to during the day. For all of these reasons, it makes sense that family day care services become available to handicapped preschool children and their parents, particularly for working families.

One barrier to providing early intervention services to preschool handicapped children in family day care settings is caregiver qualifications. The typical family day care provider has a high school diploma and little specialized training in early childhood education, child development, and/or special education (Stallings, 1980).

Thus, the goal of Project Neighborcare is to increase the quantity and quality of family day care services to preschool children, handicapped and nonhandicapped, through training and support for caregivers.

The remainder of this manual attempts to explain the Project Neighborcare model in its entirety. Because training caregivers is at the heart of the model, the most space is devoted to explaining how to accomplish this task and the rationale for the methods chosen. Other critical components to the model that will also be addressed will be recruiting caregivers and children; services to children and parents; ancillary services; and costs.

II. Recruiting Caregivers

One requirement of all caregivers is that they be licensed (or registered, depending on the state). Lists of all licensed day care providers are generally maintained by Departments of Public Welfare in the state and/or county (or comparable department). In addition, caregivers who participate in a resource and referral program, Title XX, the food program, or a Family Day Care Association, may be contacted through the agencies that administer these programs with the permission of the administrator. Usually, these two types of lists of caregivers overlap since being licensed is a requirement of the other programs.

Initial contacts can be made in either of two ways. For caregivers who do not participate in a program that requires regular group meetings, an introductory letter with an accompanying brochure for potential caregivers is a logical first contact. Caregivers who participate in programs with regular group meetings (e.g., the food program) can sometimes be contacted via these meetings with a group presentation and question/answer session. Caregivers who are interested in more information can leave their name, address, and telephone number with the Neighborcare staff member.

The second point of contact is a telephone call to individual caregivers. When the first point of contact has been a letter and brochure, a brief call must be made to each person who received them. When the first point of contact was a group meeting, only those leaving their names and phone numbers need be contacted the second time.

The purpose of the telephone call to the caregivers is to answer any questions about Project Neighborcare that were not answered either by the letter/brochure or the presentation at the group meeting. At this time, advantages to being a Project Neighborcare caregiver can be pointed out as well as assurances given regarding their ability to deal with a handicapped child. A frequent question at this point is, "What does 'handicapped' mean?" Another common concern is that presently they have no slots available for an additional child. It is important to point out that by the time they are ready for a placement (at least two to three months from the time of initial recruiting), their enrollment may well have changed as it frequently does in family day care. It has been our experience that this second contact with caregivers must be accurate but "upbeat" in order to attract naturally cautious family day care

providers. No commitment is obtained from caregivers at this time, only an expression of interest.

The third point of contact is a home visit to all caregivers who expressed an interest over the telephone. This gives staff and caregivers an opportunity to "look each other over" and to discuss in more detail what involvement in Neighborcare entails. The staff member making the home visit should take project materials with her/him to show the caregiver (e.g., a monthly planner; curriculum materials; training notebook) and be prepared to discuss the type of training and support Neighborcare offers that facilitates successful mainstreaming of handicapped preschool children into a family day care home.

The home visit is also a time for staff to determine if a family day care home has any major licensing or safety violations that would disqualify the caregiver from participation in Project Neighborcare without significant upgrading of conditions. This occurrence is rare but did happen several times during the model development phase of Project Neighborcare.

Caregivers may be called several days after the home visit for a verbal commitment (or the reverse) to the project. A welcome and a letter of agreement to be signed is then sent to each caregiver who decides to get involved. The letter of agreement contains a list of expectations of Project Neighborcare from caregivers, and what caregivers can expect from Project Neighborcare. Both caregivers and the Project director sign the letter and copies are maintained by both parties.

III. Recruitment of Children

The family day care providers continue to recruit nonhandicapped children themselves as they did prior to involvement in Project Neighborcare. The difference is that a slot is reserved in their family day care home for a handicapped child recruited by Project Neighborcare. The recruitment process is an ongoing one. If the existing early childhood special education service providers will not accept the notion of mainstreaming in family day care homes, there are likely to be open slots for handicapped children. Since this can present a financial problem to family day care providers who lose money when slots remain empty, the reserved slot reverts back to a nonhandicapped child if, after several week's time, a referral is not received.

The main purpose of child recruitment activities is to make the public aware of the Project, its services, and who the target audience is. It is important to take advantage of available media coverage when services are new, since media interest drops over time unless something unusually newsworthy happens. Public service announcements on radio, television, and in newspapers, local noon talk-shows on television and radio, and even a newspaper feature story may be arranged.

Informational posters and brochures can be posted in locations where large numbers of people with children are known to pass by (e.g., cafeterias of large employers; grocery store bulletin boards; the pediatric department of the local clinic). Organizations serving children and families such as churches, hospitals, YM- and YWCAs, and parent support groups can be sent cover letters and brochures, suggesting that they notify their clientele of Neighborcare services.

Personal contacts by Neighborcare staff are best when dealing with other agencies serving handicapped preschool children. Concerns about "competition" for children, duplication of services, and target audiences must be addressed. In an ideal situation, all early childhood special education service agencies should be sources of referrals for one another. More frequently, however, the agency with whom a parent is first put in contact is the agency where the child receives services. When a new service is not a member of the established service delivery system, it may be particularly difficult to obtain referrals until the merit of what it has to offer becomes apparent to all involved. Neighborcare services that become available within the context of already available services to preschool handicapped children and established sources of referrals should have few recruitment concerns.

IV. Services for Children

A. Curriculum

One goal of Project Neighborcare was to maintain the informality and spontaneity of the typical family day care home setting and at the same time to incorporate a more rigorous prescriptive educational program than might ordinarily be available. The rationale for this goal was two-fold. One reason was the needs of preschool children - nonhandicapped and handicapped. Any child is more likely to profit from a program where caregivers/teachers have a notion of where the child is headed developmentally and where activities are selected based on observations of developmental levels backed up by corresponding learning objectives. Research has shown that children learn best in programs that have a clear idea of what they are trying to accomplish and go about that task very intentionally. It is possible to be intentional and spontaneous in the same program, although perhaps not at the same time.

Another reason for increasing the rigor of the typical family day care home program was for credibility. Many educators, special educators in particular, express skepticism at the feasibility of conducting early intervention in a family day care setting. Concerns are raised about lack of training and education of the caregivers, the number of children per adult, lack of therapists available, etc. The image of family day care homes as a place where children are "stored", propped in front of televisions watching soap operas, while caregivers talk on the phone and parents work is still pervasive. Even though the National Family Day Care Study (Stallings, 1980) refuted that stereotype, it is an issue that cannot be ignored.

Consequently, a curriculum was selected to provide the basis for early intervention programming. The curriculum is appropriate and in use for all children regardless of developmental level, ages zero to five, in the mainstreamed family day care home setting. Any diagnostic/prescriptive curriculum that covers the 0-5 age range could be selected. The curriculum of choice has been the HICOMP curriculum (Willoughby-Herb & Neisworth, 1983; Neisworth, Willoughby-Herb, Bagnato, Cartwright, & Laub, 1980). It is comprised of objectives in four developmental domains (communication, own care, motor, and problem-solving) and 21 sub-domains for children birth to five.

Caregivers are trained to perform initial assessments on children to determine

their placement in the curriculum and track progress for each child. Neighborcare staff members use this information to plan daily activities for caregivers to implement that focus on developmentally appropriate objectives in all four domains for the children being served. See Appendix A for a description of how to do individualized planning for a large, multi-age group. Workshop 3 describes how caregivers are trained to use HICOMP in their family day care homes.

Care has been taken to adapt the activities and their implementation to a family day care setting. Thus, caregivers can initially be told that they won't necessarily be doing different activities with their children than they were before Neighborcare, but they will think about activities differently and, just as important, the activities will be planned. Children will have similar opportunities for playing, but their play activities will be selected based on developmental objectives and caregivers will be watching to see if objectives are met during the activities so that new challenges can be provided. Also, different children may be working on different objectives in the context of the same activity. Since both chronological and developmental ages vary in family day care homes (unlike the more typical age grouping in center-based programs), activities with many possibilities for learning must be selected. Staff and caregivers can work together to see that this happens.

B. Therapies (accessing ancillary services)

One concern special educators frequently have about community-based mainstreamed programs is the access of special needs children to therapies (OT, PT, and speech, primarily). Such concerns have even kept children who might have profited from an integrated placement in a segregated program. It has been our experience that the gains to be made from an integrated placement far outweigh the inconvenience of obtaining therapies for children away from their placement site.

Accessing therapies for children integrated into community-based programs requires more effort and coordination on the part of staff and parents than the traditional route (i.e., therapists in the same building as the children who pull them out of the classroom for therapy sessions). No definitive answers will be presented here. However, options will be given that can then be matched to child and family resources.

It must be remembered that in a community-based integrated context, the solution to each child's therapy needs may be different; there is not one best solution. The other thing to remember is that children's therapy needs are likely to differ when

they are in an integrated program than when they are in a self-contained, segregated program. This is particularly true for speech and language needs. Thus, assuming that the exact same program of therapies for children prior to an integrated placement will suffice after the placement is made may be erroneous.

Variables that affect the arrangement of therapies for children in community-based, integrated programs are:

- insurance coverage
- transportation available
- income
- work schedule
- availability of therapists (number, location, hours)
- needs of child

Each factor must be addressed separately for each family in the context of services in the community. It will be possible to then match family/child circumstances to a particular therapy arrangement that takes each factor into account. Possible arrangements for therapies include:

- Parents access private therapies and either pay for them or for insurance that covers the cost
- Therapist visits children in the family day care home as an ancillary service paid by public funds
- Child is placed several half-days per week in comprehensive developmental disabilities program to receive therapies; remaining time services are received in the family day care home
- Therapists consult with Neighborcare staff and caregivers on how to engage child in therapeutic activities in the family day care setting; periodic follow-up visits and assessments monitor progress.

In any case, Neighborcare staff need to be prepared to act as information and referral sources to parents and to support families' decisions regarding access to children's therapies. Staff will also need to facilitate communication between therapists and caregivers so that they are working together on the same objectives.

C. IEPs (IFSPs)

All handicapped children have an individual educational plan. Neighborcare staff, caregiver, parent, therapists, and any other service providers are involved in its preparation and approval. When a child is dual enrolled in both

Neighborcare and another program, representatives from each program need to be involved so that the child's early intervention plan is determined by one IEP. If a child is placed in both a segregated and integrated program, it is particularly important that teacher/caregiver communicate about the child's behaviors they observe in their respective programs since there may very well be differences.

V. Services for Parents

One of the main goals of Project Neighborcare is to provide early intervention to preschool children in a context that is convenient for parents who work. Thus, the fact that the service delivery mode for the early intervention is family day care is viewed as a service to parents. Other services can be offered as well.

Information and referral is an important aspect of services to children and families in community-based programs. This service occurs through informative contacts between parents and staff, as needs arise. A more formal way to extend information and referral is through a community resource manual designed for parents of young children with special needs. The Project Neighborcare version of this manual was not only useful to parents, but to other community agencies whose clientele had similar needs.

Every parent of a handicapped child should complete a Parent Strength-Needs Assessment (see Appendix B). This thorough checklist helps staff determine areas of strength and need for each parent. Based on this information, staff can provide consultation time, material to read, referrals to other appropriate sources, etc. for parents.

In order to keep parents informed of program content and specific objectives to focus on for their child, the Neighborcare Monthly Planner should be provided to each parent of a handicapped child. Parents should be asked to read through the daily activities so that they are informed of their child's activities and also so they can follow through at home in appropriate ways.

Parents must also be involved in the development of the individual educational plan. This can be difficult with a clientele that works. However, flexibility on the part of staff and parents can overcome potential problems.

Involving parents through meetings, social gatherings, and the like has been avoided. The prime reason for this is the fact that the parents are employed, and have little time to devote to home and children much less an extra meeting. The priority has been not to impinge on family time together. Parents who express a need to be involved in a group can be accommodated through a referral to an existing group or gathering parents who have expressed similar needs.

VI. Costs

Summary of Staff Activities:

- recruit caregivers
- conduct orientation workshops
- observation of new caregivers
- on-site consultation with caregivers
- referral and placement of children into family day care homes
- record keeping
- liason with other community agencies
- publicity and community awareness
- curriculum planning and preparation of monthly planner
- maintenance of toy lending library
- IEP/IMP development

Based on record keeping during the model development phase of Project Neighborcare, amounts of time committed to program activities were as follows:

1. Preparation of monthly planner/curriculum planning: 20 hrs/month (includes word processing)
2. Record keeping (IMP, IEP, mileage, documenting activities): 2 hrs/week
3. Consultation with caregivers: 2.5 hours per visit (includes planning, visit, travel, summary)
4. Tracking children's progress: 30 minutes per caregiver per month
5. Referral and placement of children: 15 hours per child (phone calls, home visits, visits to 2-3 family day care homes, assistance after child is placed)
6. Public relations/community awareness: 8 hours/month
7. Workshops: 4 hours of preparation per workshop; 4- 4.5 hours per workshop = approximately 50 hours per workshop series
8. Recruiting caregivers: 12 hours of telephone calls plus 60 - 90 minutes per visit to interested caregivers
9. Observation of new caregivers: 3 hours per caregiver plus travel
10. Toy lending library: 3- 5 hours per month of record keeping, maintenance
11. Miscellaneous word processing/filing: 2 hours per week

Items that are listed by caregiver must be multiplied by the number of caregivers in the program. The remaining items listed by hours per week, month, or year, are those that remain constant in time regardless of number of caregivers. Based on a

program with 15 caregivers, 15 children with handicaps, and 6 new caregivers to recruit and train, the above tasks require approximately 75 hours per week, of which 15 are devoted to clerical tasks. Thus, one full-time and one half-time person could staff a program if 15 hours of clerical support were available.

Costs can be determined by first determining the number of caregivers to be targeted and calculating the number of hours required of a staff person for the above items listed by numbers of caregivers and children. Then the total number of hours required of staff time can be determined. Ultimately, those hours need to be extrapolated into the number of 40 hour per week slots needed to accomplish the job. Assuming the salaries of the staff members are already known, then a major portion of the costs are accounted for.

Additional expenses that need to be included are:

- substitutes for caregivers during workshops
- transportation to/from day care homes
- purchase of a toy lending library ($3000 start-up)
- cost of day care services (if parents do not pay)

Typical office expenses (e.g., duplicating, supplies, telephone, stamps) are not included here; it is assumed these are obvious to include in any budget.

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Section Two:

Training

NEIGHBOR CARE

I. The Training Approach

A. The Adult Learner

Family day care home (FDCH) providers are child care professionals who operate small businesses in their homes. Examining the characteristics of providers is pertinent to the training approach used in family day care. A training program for adult professionals in child care must be suitable for their particular educational levels, child care experiences, and other formal and informal types of training experiences. A national study (Singer,1980) profiled nearly 800 providers from three different geographical regions. The highest level of education for the majority of providers (57%) was a high school diploma. An additional 19% had only eighth grade educations. The survey also suggested that a very modest percentage of providers gained experience in other child care programs. Singer (1980) reported that only 7.9% had held jobs in day care centers, and an even smaller portion had experience in other early childhood educational settings (i.e., Head Start programs, kindergarten, or primary classrooms). The data also suggested that about one-third of regulated (licensed or registered) providers and nearly three-quarters of providers who were members of a child care association received some type of inservice training (Singer, 1980). However, the providers had participated in a very diverse range of training programs (e.g., county extension workshops, one-day Red Cross courses, and bi-monthly meetings) that all vary greatly along the dimensions of content, intensity, and duration.

Such diversity of experience and educational backgrounds in FDC providers demands that they be given the status of adult learners and that staff members strive to develop relationships with them based on mutual respect. Building warm, personal relationships with providers during all phases of training opens lines of communication and helps to dispel any feelings of inadequacy and/or resistance to change.

Treating providers as adult learners has several implications. One is that teaching strategies different from those employed for younger college students ought to be utilized. The readability of materials provided needs to be appropriate for a wide range of reading competence. In addition, using the experiential knowledge base acquired by adults as a foundation for learning is important.

An experiential knowledge base may easily transfer to new skills or may conflict

with new information. Experience from Project Neighborcare suggests that many FDC providers seem to possess numerous bits and pieces of information about caregiving and child development but need assistance in putting it together into a well-integrated body of information. For example, most providers know something about children's developmental milestones (e.g., at what age to begin feeding an infant solid food, at what age most toddlers start walking). Other providers appear to "specialize" in one particular area of development and tend to spend a great deal of time teaching those skills (e.g., independent feeding and toileting; preacademic skills). In addition, many of the daily child care routines are not necessarily viewed as valuable learning experiences for young children (e.g., setting the table, playfully interacting with an infant during diapering). Thus, providers' previous knowledge and experience may contribute both positively and negatively to the training process.

Inservice training should not simply attempt to "fill in gaps" through traditional, formal teaching techniques. Providers involved in inservice training (such as Project Neighborcare) are most likely to have considerable experience in family day care, making traditional teaching approaches inappropriate. Generally speaking, the traditional lecture format or didactic methods of teaching are <u>not</u> effective for presenting information during the workshops or during on-site consultation. Rather, it is better to present material in a manner which allows for a significant amount of interaction and sharing among providers and staff. It is important to remember that the majority of FDC providers do not have opportunities for sharing and discussing their experiences with professionals and colleagues on a daily basis. Providers need opportunities to discuss their experiences, opinions, and ideas. Staff members can use these discussions as opportunities to present new information and to reinforce areas of strength.

B. <u>Family Day Care Home Characteristics Affect Training</u>

Relaxed routines and indirect teaching

One of the most important differences between FDCHs and center-based child care is the obvious. Child care occurs in a home rather than in a classroom setting. Daily schedules and routines are more relaxed and activities which stimulate, develop, and enrich young children's lives are often presented incidentally or indirectly throughout the day (e.g., teaching a young child to sort using laundry). During the course of training, providers may express concern that consciously working on

various developmental goals with children will be disruptive to the more relaxed atmosphere of family-style child care. In response to this concern, it is important to emphasize that heightening one's awareness of the normal patterns of growth and development will not conflict with the natural conditions and advantages characteristic of FDCHs.

Long hours for one person

Many FDCHs remain open from early morning to early evening. It is not unusual for a solitary provider to care for children 10 to 12 hours per day. They must spend a great deal of time attending to children's primary needs, maintaining order, and, often, fulfilling their roles as homemakers, wives, and mothers. Therefore, it is unrealistic to expect FDC providers to formalize their routines and child care activities to approximate center-based schedules and large group methods of teaching. On the other hand, some providers need assistance in learning how to better manage their time to accomodate their multiple roles. During training, providers must be helped to feel comfortable (i.e., not overwhelmed) with the daily/weekly responsibilities of the project (described later). In building relationships, it is important for staff members to remain considerate of the numerous roles providers assume on a daily basis and to assist them in blending project duties into their long days and busy schedules. At the same time, caregivers must be held accountable for giving quality care with no excuses due to their unique working conditions.

Wide age range in one group

There is often a wide range of children's ages represented in FDCHs. Most caregivers find it challenging to meet the needs of six to ten children (depending on state licensing regulations and enrollment) ranging in age from infancy to kindergarten or above. To accomodate these age levels, training and project materials must be geared toward accomplishing goals and objectives through both individualization and multilevel methods of teaching.

Two aspects of multilevel teaching require attention. First, providers need assistance in managing age-appropriate activities for various groups of children at the same time. To illustrate this point, during the course of the project, providers often implied that it was necessary to make one age group of children sacrifice for another (e.g., preschoolers could not play outside on colder days because the provider

had to stay inside to care for the infants and toddlers). At another time a provider commented that an older child was not allowed to sit at a table and color because the younger ones grabbed and broke the crayons.

Second, although providers typically allow children to engage in numerous unplanned activities during free play, they are likely to need assistance to actually plan ways in which groups of children could be engaged in activities appropriate to their ages or developmental levels (e.g., older children listen to a record while the caregiver changes an infant's diaper and sings along to the baby).

Also, providers need assistance in meeting individual goals and objectives when children are grouped together. Providers may seem involved in providing children with activities, but frequently need help in thoughtfully considering how the activities can be used to facilitate each child's growth and development. For example, during a group craft activity involving paint, it is possible to work on fine motor skills with one child, color recognition with another child, and lengthening the attention span of yet another child.

Work and home in one place

Another characteristic of FDCHs which influences training is the fact that child care occurs in the providers' own residences. In contrast to a caregiver in a center, it is important to recognize that the providers' homes are not neutral territory. Discretion and diplomacy must be used when trying to compel or convince providers they should make changes in their life styles, living arrangements, and ways of handling their FDC businesses. Staff members must become adept at handling a number of sensitive issues such as standards of housekeeping, discipline, and ways of coping with family-related issues.

Flexibility

A final characteristic which trainers must consider is the flexibility present in most FDCHs. In terms of benefits to young children, this flexibility is one of the greatest strengths of FDCHs. For example, although some preplanned field trips usually take place, providers are able to take impromptu trips to the grocery store, city park, or neighborhood library. These unplanned activities frequently take advantage of "teachable moments" or allow the caregiver to adapt her program to meet the changing needs of the children. On the other hand, a strength like this can operate to disadvantage if there is a tendency to extend the flexibility to a total lack of

planning or organization. In other words, a caregiver may choose to interpret the inherent unpredictability of working with groups of young children (in terms of illnesses, activity levels, mood, etc.) as a reason to simply "go with the flow", thereby precluding a daily schedule and preplanned activities. Quality child care is unlikely under these conditions.

In summary, several unique characteristics of FDCHs need to be considered when implementing a training program for providers. Training methods and materials must remain flexible in order to accommodate relaxed schedules, wide age ranges of children, and diverse living conditions and styles. Accountability for quality child care needs to be stressed within an atmosphere of respect for the more difficult and frustrating aspects of the FDC business. Training should assist providers in capitalizing on their flexibility in order to develop caregiving approaches which meet the needs of their young charges.

C. Overview Of Training Sequence

1. Initial Skills Assessment

The first step in the training process is to determine the pretraining skill levels of all caregivers. Two mesures of caregiver skills necessary for successful involvement in Project Neighborcare provide the information needed. One is an observational measure completed by staff trained to use it. The other is a self-rating scale that a caregiver can complete, perhaps with the assistance of a staff member.

The observation measure is the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1984). An overview of the scale is presented in Appendix C, along with the address for obtaining copies. The scale is designed to assess 33 aspects of care provided in a family day care home that cover six dimensions of quality: space and furnishings, basic care, language and reasoning, learning activities, social development, and adult needs. Six additional items can be used for homes serving exceptional children. Each item can be rated on a scale from 1 (inadequate) to 7 (excellent). The person using the scale must match home characteristics with observable descriptions provided for each item.

The rationale for using this scale is that quality child care is seen as a fundamental part of early intervention services in child care settings. Also, this particular scale is useful because it provides a formative rather than summative evaluation of the family day care home. The observable descriptions provided for each item are explicit about adequate, minimal, inadequate, and optimal provisions

for each quality attribute. Consequently, a score on an item reveals any discrepancy between the present level of quality and an optimal level of quality. The descriptors at each level of an item indicate what actions caregivers can take to improve the level of quality. Thus, the scale is not only thorough, but has great practical value for caregiver training.

The scale has demonstrated reliability, but those conducting the ratings must receive training so that inter-observer agreement and appropriate interpretation of the item descriptors can be determined. Training materials can be purchased with copies of the rating scale. Our experience is that new users of the scale are much too lenient in their interpretation of the items. Consulting with experienced users of the scale is an additional step that is recommended for maximizing its effective use.

Caregivers are accepted into Project Neighborcare regardless of initial skill levels indicated on the FDCRS. However, specified minimal levels of quality (as determined by individual item scores on the FDCRS listed in Appendix D) are required before a special needs child is placed in a family day care home. Caregivers who meet these minimal levels of quality are considered "approved" for placement. It is important to note that "approved" status does not necessarily imply high quality (minimal scores are 3's or 5's, in the adequate to good range) and that training and support will most likely be needed even after it is reached.

The self-rating scale is based on the Skills Inventory for Teachers (Garland, 1978). Called the Skills Inventory for Caregivers (SIFC), it consists of a list of skills necessary for successfully carrying out the early intervention component of the Project including basic knowledge, assessment, the team approach, planning, parents, teaching, affect, and personal development. Caregivers rate themselves on each item (with the assistance of staff if necessary) on a four-point scale from "need to learn" to "do very well". A copy of the SIFC can be seen in Appendix E.

2. Increase Knowledge and Awareness

Following the initial skills assessment, FDC providers participating in Project Neighborcare attend a three hour workshop once a week for six consecutive weeks. Each workshop presents one or two main topics. The major objectives of the workshops are to increase basic knowledge and awareness regarding each topic, and to dispel any feelings of inadequacy concerning care of special needs and nonhandicapped children. Content is geared toward presenting an overview or introduction to each topic. Awareness and application of skills are stressed, rather

than their theoretical rationale. It is critical to understand that the workshops are NOT designed to stand alone as training. They are merely a precursor to the actual training for behavior change, on-site consultation/supervision.

3. Behavior Change

Subsequent to the workshops, weekly home visits are begun to provide consultation and supervision. The home visits are the heart of the Neighborcare inservice training process. The purpose of these visits is to individualize training and materials to conform to the unique aspects of each FDCH. Training during these home visits gives the providers instruction and feedback designed to improve the quality of their caregiving and educational services. Staff members also assist the caregivers in planning activities for children and tracking their progress in the HICOMP curriculum.

Weekly on-site consultation and supervision offers providers information, immediate feedback, and individual assistance in fulfilling their roles as FDC providers and early intervention specialists. Compared to workshop training, on-site consultation and supervision is the more powerful method of imparting information, and therefore the phase in which behavior changes in the providers can be expected. That is why this process is the most crucial aspect of the training. In addition to promoting behavior change, home visits provide support and encouragement to a group who ordinarily remain isolated from others in their profession.

During the initial phase of on-site consultation and supervision, staff trainers assist the providers in developing Individual Mastery Plans (IMP). These plans outline a set of personal goals and objectives during the first year of their participation in Project Neighborcare. The purpose of the IMP is to isolate areas critical to the growth of each provider and the quality of her FDCH. The individual goals and objectives are derived from scores achieved on the Family Day Care Rating Scale (Harms & Clifford, 1984), the Skills Inventory for Caregivers, and providers' personal desires to improve in specific areas. The IMP provides a long term focus for the on-site consultation and supervision portion of the training. In addition, it provides a criterion-referenced indicator of when training can be phased back for a particular caregiver. More will be said about the IMP in Chapter III.

4. Child Placement

Recall that prior to placement of a child with a handicap in a family day care home, the provider must have reached approved status on the FDCRS. When the provider has completed the workshop series and has reached "approved" status, a child may be placed. Where this occurs in the training sequence varies by provider. Some providers will reach approved status during the initial skills assessment and need only complete the workshops before they receive a child with a handicap. Other providers may require several months of consultation before reaching approved status and receiving a placement.

5. Maintenance

When providers' IMP goals and objectives have been met in such a way that staff can attest to the high quality of child care being provided and the early intervention skills acquired (as assessed by the FDCRS and SIFC), caregivers are awarded a Neighborcare certificate of accomplishment. This important step does not remove the caregiver from active involvement in Project Neighborcare. Home visits may be phased back but not removed so that continued professional development and support can be provided to the caregiver. If a child with a handicap has been placed, a weekly visit will usually be necessary regardless of where the caregiver is in the training process. For caregivers who have their certificates and are either waiting for or in between placements, twice monthly visits may be sufficient.

Access to "perks" such as a toy lending library and professional library should be maintained, as well as efforts still made to provide opportunities for caregivers to gather for socializing and exchange of information. As special needs children move on to other placements and new children are placed, additional consultations are always needed by the caregiver to facilitate the adjustment of both the child and the caregiver.

D. Expectations For Curriculum Planning And Implementation

Implementing a curriculum always brings with it responsibilities for planning. Successful implementation obviously cannot take place without high quality planning. Initially, one goal of Project Neighborcare was to train FDC providers to do their own curriculum planning so that the integrity of their own program could best be maintained. Experience quickly showed that this was an unrealistic expectation for the majority of caregivers. Planning an individualized

program for multi-age levels on a daily basis was more complicated and time consuming than most caregivers were able or cared to accomplish on their own. Caregivers were initially selecting 40 objectives per month per child for six to ten children and trying to plan activities accordingly, a task that might thwart formally trained master teachers. Thus, detailed planning is best done by staff members one month at a time and in a more efficient way.

Efficiently planning for a group of caregivers with numerous children at all developmental levels and maintaining an individualized program is not an easy task. The first step is for the staff to collect records of child progress from caregivers for the previous month to determine which objectives to focus on for the coming month. A monthly planner is then produced in the format of a calendar with activities for each day of the week listed that address specific objectives in the HICOMP curriculum and children's IEPs. See Appendix A for details on how to compose a planner. After each caregiver receives her copy of the planner, staff assist caregivers to individualize the activities on the planner to suit their children and daily schedules.

II. Workshops

A. Length Of Workshops

Workshops must be long enough to adequately cover critical material but short enough to maintain enthusiasm and regular attendance. For that reason, workshop content outlined in this manual is designed to be covered in six weekly three-hour sessions. During each three hour workshop, time is allocated for a snack and socializing among the caregivers. Even though this format may seem overly brief, experience suggests that longer than three hours or six weeks would be difficult to sustain. It is also important to remember that the workshop portion of the training is not trying to change behavior, but only to increase knowledge and awareness.

B. Methods of Instruction

Several teaching methods should be used to maintain interest and give providers an opportunity to practice skills. Lectures must be kept to a minimum, although media presentations accompanying this approach can enhance its effectiveness. Lectures are most effective with subject matter that is entirely new to providers (e.g., basic information about handicapping conditions and intervention techniques). Group activities can be used to promote active learning, generate feelings of empathy toward handicapping conditions, and practice caregiving skills. It is important to plan an activity that reinforces each major objective of the workshop as often as possible. Guest speakers can be invited to relate their experiences during one or more of the workshops. A panel of parents has proven to be one of the most popular workshop activities with providers. Discussions between parents and providers can generate feelings of empathy and concern for the families of special needs children.

Experience has shown that audio-visual aids can be useful. It is difficult, however, to find material appropriate to family day care. Many A-V materials developed for child care workers assume center-based care or present information at too high a level. Material prepared for parents (e.g., Portage Project Filmstrips) may be more successful. See the Resources section for specific suggestions.

C. Materials Provided

It saves time and facilitates caregivers' organization if all workshops handouts are provided for them in a notebook. If a three-ring binder is used, then any materials received in the future can be easily added to it. For the Neighborcare workshop series, six dividers, each labeled with the workshop title, provide a simple organizational framework. Included in the notebook are workshop objectives, copies of all over-head projected information, handouts reviewing the key points discussed, and the like. Providers frequently expressed relief at not having to take detailed notes at each workshop.

Each provider is also given a Take-home Workbook. A section in the workbook for each workshop provides a brief summary of the workshop content and a follow-up activity focused on the workshop objectives that the caregivers do at home, prior to the next workshop. The purpose of the take-home activity is to provide continuity between workshops and to assist providers in applying what they have learned in the workshop. The workbook contains, in addition to the summary, instructions of what to do and a place is provided to record what was done, the result, and reactions by children and caregivers. A copy of the Take-home Workbook is presented in Appendix F.

D. Overview Of Workshop Topics

The workshops cover six major topic areas: 1) the background/rationale for Project Neighborcare; characteristics of and adaptations for special needs preschool children; 2) quality family day care; 3) adapting a curriculum to a family day care home; 4) common teaching methods; 5) behavior management techniques; and 6) how to work cooperatively with parents.

In the first workshop, a discussion of the background and rationale of Project Neighborcare gives the providers information concerning its origins and its philosophy. It also helps them to feel part of a joint early intervention effort within their own community, state, and across the nation. The content covered in the special needs section of this workshop presents basic information necessary to effectively work with and care for young handicapped children on a daily basis.

The second workshop covers quality child care and what that means in the context of family day care. The coverage is congruent with the content of the FDCRS and thus this workshop provides a sensible introduction to the rating scale and its

usefulness. How child care quality influences children's development is also addressed.

The introduction of a formal curriculum in the third workshop provides a rationale for the usefulness of curriculum materials and demonstrates that their adoption does not alter the flexible, home-like atmosphere of family day care. To a certain extent, the information provided is specific to the curriculum adopted (HICOMP or any other 0-5 diagnostic/prescriptive curriculum). Caregivers must leave this workshop with a notion of what they will change and do the same as they adopt the curriculum.

Providers learn that a curriculum based on developmental objectives promotes teaching/caregiving activities that are goal-oriented and age-appropriate and that this represents an improvement over the "pull an activity out of a hat" approach. They also learn that by assessing children's progress they can obtain necessary feedback from which to plan future caregiving activities. Moreover, discussing the various developmental areas comprising a preschool curriculum enables providers to increase their knowledge of child development.

The rationale for including workshops four and five on well-researched methods of teaching and of behavior management is to increase the providers' repertoire of skills for dealing with young children. The workshop on teaching methods emphasizes that using specific teaching approaches enables young children to successfully learn and also to experience feelings of accomplishment. The workshop on behavior management techniques is offered to increase ways in which providers can positively interact with and reinforce children. It also provides them with specific guidelines to follow when implementing commonly used methods of reinforcement.

The final workshop on working with parents of special needs children is structured to promote empathy and positive attitudes about handicapped children and their families. It is also designed to promote a spirit of cooperation. This helps to alleviate any fears of accepting a special needs child in their FDCHs.

E. Assessment Of Knowledge

Trainers need feedback on how effectively they have communicated and how retentive their audience has been. It is recommended, therefore, that a "test" or study sheet be administered after each workshop to assess the amount of knowledge

gained by caregivers. A simple format can quickly and easily reveal this information in a nonthreatening way. Examples of study sheets are provided at the end of each workshop outline.

F. Evaluation Of Workshops By Providers

In addition to evaluating providers' learning, it is also important to monitor their impressions of the workshop content, format, and their own perceptions of amount learned. In a six-workshop series, it may not be necessary to obtain evaluations following each one. However, workshops one and six definitely require feedback, and it would be wise to include one additional evaluation after the third or fourth workshop. The feedback questionnaire used by Project Neighborcare is provided in Appendix G. It includes items on organization, methods, group participation, staff, and learning.

III. On-Site Consultation And Supervision

A. The Individual Mastery Plan (IMP)

An Individual Mastery Plan (IMP) is developed for each provider subsequent to workshop training during the initial phase of on-site consultation (see Appendix H for the format). The central purposes and primary components of the IMP are similar to the IEP developed for special needs preschoolers. A set of individual goals and objectives are developed for each provider for the first year (or designated time interval) of her participation in Project Neighborcare. Goals and objectives are based on the results of two skills assessment instruments administered earlier by Project Neighborcare staff and providers themselves: the Family Day Care Rating Scale (Harms & Clifford, 1984) and the Skills Inventory for Caregivers. In addition, providers are encouraged to think of areas for improvement not covered on the assessment instruments which are considered personal or unique to their FDCHs. Only a given provider and her assigned supervisor cooperate in the development of the IMP rather than a multidisciplinary team of professionals.

The IMP is also a concrete method of addressing the higher order needs of individuals participating as volunteers such as pride, commitment, belonging, and a sense of accomplishment. Goals which stem from providers' desires and aspirations for their FDCHs are carefully selected. Questions such as "What would you most like to change or make better about your caregiving or FDCH?" can be used to make accomplishing goals a personal challenge. Writing down the corresponding objectives helps caregivers to analyze the tasks, set standards of performance, and plan how to monitor progress. The IMP guides the consultation/supervision portion of the training where actual behavior change is expected. Staff supervising each provider plan their supervision activities based on IMP objectives. Also, the completion of caregivers' goals is more objectively determined. Upon completion of the requirements set forth in the IMP, providers are given a Project Neighborcare diploma (see Appendix I). The diploma rewards the providers for their efforts in the project and growth as child care professionals.

B. Supervision Of Caregivers

Immediately following the workshop portion of training, staff begin to train providers during weekly home visits to the caregivers. Providers' use of curriculum

materials are monitored and IMP objectives are initiated. It is during this phase of training that caregivers work towards "approved" status (if they do not yet have it) and special needs children begin to be placed. This phase of the training is the most crucial.

The home visit is most profitable if it has a focus or a specific objective to accomplish. It is also important for later communication to keep a record of when home visits occur and what takes place during the visit (a copy of the form used for this purpose is in Appendix J). Both the providers and staff supervisor should have a copy.

A format for supervision found to be useful involves three different types of visits scheduled in the same general order each month. During week one, the supervisor demonstrates a planned activities with the children (e.g., modeling a teaching technique or showing multi-age adaptations for the same task) while the caregiver observes. Exactly what the supervisor decides to demonstrate depends on the provider's IMP and immediate needs.

During weeks two and three, the supervisor visits at a time when she/he can observe the provider implementing an activity. Constructive feedback is then given. Again, what the supervisor observes is dependent on the individual provider's strengths and weaknesses.

Week four involves a visit during a quiet time (e.g., early afternoon naps) so that the supervisor and provider can talk about the past month's accomplishments relative to IMP and IEP objectives and go over the new monthly planner. During this visit, the supervisor and provider can discuss how the children's target objectives can be implemented. Also at this visit, the providers are expected to have updated their records of children's progress so that supervisors can update master records on children's progress (these records form the basis for the following month's planner).

C. Guidelines For Success In Supervision

Successful supervision of family day care home providers involves three things:

1) being explicit about expectations
2) being persistent
3) attending to higher order needs (e.g., feelings of support, accomplishment, satisfaction, commitment, belonging) (Lean, 1984).

Regarding expectations, it is important to state them in observable terms for the

providers. In addition, obtaining feedback requires more than a "How are things going?" to find out. Ask explicit, but open-ended questions to find out whether caregivers are following through or understand what they are to do (e.g., "What is your objective for the three-year-olds today?" is better than "What are you doing today?").

Family day care providers with years of experience are used to functioning independently with little input from others. In a similar vein, staff members may see providers as volunteers upon whom few demands can reasonably be made. These are attitudes that impede progress in changing long-held behaviors. Both staff members and providers must understand that involvement with Project Neighborcare indicates willingness to make changes to accommodate the goals of the project.

Changing deeply ingrained behavior patterns can be difficult, however, particularly for those who have been accountable only to themselves and their parent clientele. For this reason, staff members may need to repeat explicit expectations in different ways until there is a mutual understanding and acceptance of what is expected. The content of the IMP is particularly important in these instances since it gives credibility and clout to staff as they promote behavior change. Needless to say, the behavior change process can be accomplished in a pleasant manner without destroying rapport between supervisor and provider. Caregivers can be held accountable for quality child care as long as staff do not forget the higher order needs of providers.

Meeting higher order, intrinsic needs can be accomplished in more indirect ways. The weekly visits appear to serve as a support mechanism to caregivers over and above their original purpose. Also, providers develop a network of co-professionals during the workshop training that can carry through. A sense of "esprit d'corps" can be encouraged through small, inexpensive bonuses such as a lapel button with a relevant message, Project t-shirts, sharing toys from the Project lending library, occasional group "reunions" after the workshops end, and "pats on the back" in the "Neighborcare News" portion of the monthly planner. All of these activities promote feelings of accomplishment and involvement necessary for the long-term, voluntary commitment desired from providers.

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Section Three :

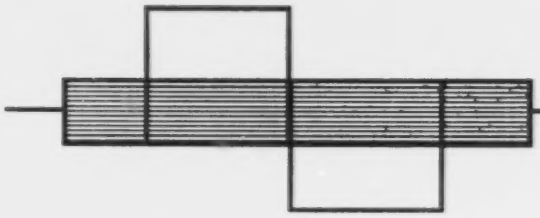
Workshop Organization

NEIGHBOR
CARE

WORKSHOP ONE:

Who We Are/ Who We Serve

NEIGHBOR CARE



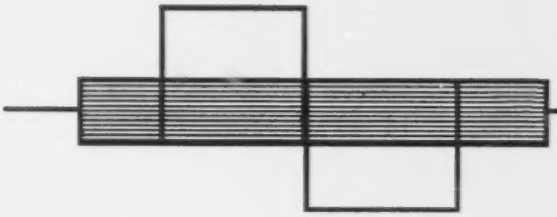
1. Workshop Objectives

a. Concerning the Neighborcare Model Demonstration Project, participants will be briefed on:

   1. The source of funding.
   2. The philosophy or rationale of the project. The definition of and rationale for early intervention and least restrictive environments will be included in the discussion.
   3. The "Team Approach" to working with children. How membership in a multidisciplinary team results in shared responsibilities among team members and individualized educational programs for special needs children will be discussed.

b. Providers will be informed of the warning signs for retardation as well as communication, hearing, and visual problems in young preschool children.

c. Providers will be given tips for working with children who have or are at risk for various handicapping conditions.



2. Workshop Content

a. **Begin the workshop** with an introductory discussion using the terms "special needs". (During the discussion, use slides depicting various children with different conditions.)

1. Every child has special needs and every child is special.
2. Some children have needs that are different from most.
3. A child's special need is only one part of the total picture of who she is and what she can do. There is no typical "special needs" child.
4. Providers who care for special needs children require some additional information and knowledge.
5. Today's discussion will cover some basic types of special needs. We will provide providers with more specific information when a special needs child is placed in the day care home. When a special needs child is placed in the home, we will assist the provider during the transistion time two-three times per week and provide on-site stimulation and management techniques as well as written information.

b. **One particular special** need can be communication problems.

1. Hand out copies of Warning Signs for the Communication Problems and Speech and Sound Guide

(see Handouts section).

a). Inform providers that government reports indicate that many special needs preschoolers have communication problems at some time

b). Stress that learning to talk is one of the most exciting things young children do. A child's first attempts at speech are an important developmental milestone. Guide providers through the handout. Give examples of each type of communication problem.

2. Hand out copies of Tips for Helping Those with Communication Problems (see Handouts section). Using slides to demonstrate each major point, guide the providers through the handout.

3. Conduct Responding to Children's Language activity (see Handouts section). Pass out language examples to each caregiver. After a few minutes, have each caregiver take turns in giving a response. Do not "judge" responses- this activity is to stimulate thought.

c. A second type of special need is visual impairment.

1. The diagnosis of visual impairment is based on a physical examination.

a). Vision is the most efficient way of gathering information when compared to the other senses.

b). There is a difference between being blind and being partially sighted.

c). Some general characteristics of visually impaired children are:

1). Visually impaired children often experience uneven development in the major developmental areas.

2). Limited motivation and passivity due to lack of awareness of environment is a common characteristic of visually impaired children.

2. Hand out copies of Warning Signs for the Visually Impaired and Tips for Helping the Visually Impaired (see Handouts section). Using slides to demonstrate the major points, guide the providers through the handouts.

3. Conduct Blindfold Activity at the beginning of snack/ break. Let caregivers take turns walking to the restroom and getting their snack while blindfolded.

d. Another type of special need is hearing impairment.

1. The diagnosis of hearing loss is based on audiometric testing.

a). Hearing losses are classified by degree: mild, moderate, severe, or profound loss.

b). The age of onset of hearing loss is one of the greatest factors in determining a child's ability to develop language.

c). A child's early years are most critical for learning language. Young children have a natural capacity to learn language, whether signed or spoken.

d). There have been heated debates over the last 400

years about how to teach language to young, hearing impaired children.

e). Today, many professionals believe that if there is any chance that a child will have difficulty relying solely on hearing and speech to communicate, manual communication (signing) should be used from the earliest years.

f). "Total Communication" is a phrase which indicates that a number of different communication methods are used. The hearing impaired child may wear hearing aids, receive speech lessons, use manual signs, fingerspell, lipread, and/or receive auditory training.

2. Hand out copies of Warning Signs for the Hearing Impaired and Tips for Helping the Hearing Impaired (see Handouts section). Using slides to demonstrate the major points, guide the providers through the handouts.

e. **The last one** we will discuss today are severe special needs.

1. Children with severe special needs frequently have a combination of disabilities such as cerebral palsy with mental retardation, or both hearing and visual impairments. Many of these children also have motor problems.

a). There is often a need for special equipment or aids which help the child become more independent.

b). Some children, such as those with cerebral palsy,

are unable to develop normal speech and must learn alternative ways to communicate. Manual signs and communication boards with pictures and/or symbols are two common methods of communication for nonspeaking young children.

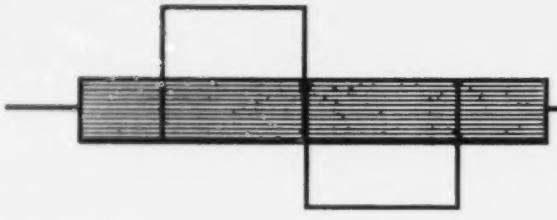
2. Hand out copies of Tips for Helping the Severely Handicapped (see Handouts section). Using slides to demonstrate the major points, guide the providers through the handout.

f. **Review Workshop Summary** and the Take Home Activity for workshop 1 in the workbook (see Appendix F).

g. **Hand out the** Study Sheet for Who We Are/Who We Serve (see Handouts section). Collect when completed, prior to leaving.

h. **Hand out evaluation** form for workshop 1 (see Appendix G). Collect when completed, prior to leaving.

i. **If time permits,** review voice problems handout in supplemental section.



3. Workshop Handouts

OBJECTIVES
for
WHO WE ARE/WHO WE SERVE

A. Concerning the Neighborcare Model Demonstration Project, you will understand

1. The source of funding
2. The reasons for the project
3. The "Team Approach" to working with children

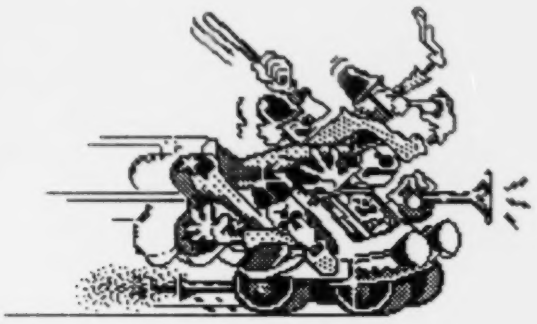
B. You will be able to recognize the warning signs of children who may be

1. Communication impaired
2. Hearing impaired
3. Visually impaired
4. Severely and profoundly impaired

C. You will learn methods of working with young children who have or are at risk for various handicapping conditions. These methods will include ways to:

1. Structure and enrich the environment
2. Make the child successful as he develops and learns
3. Manage the child's behaviors
4. Interact or communicate with the child

NEIGHBOR CARE



WARNING SIGNS !

COMMUNICATION PROBLEMS

BY AGE 2:

1. The child is not talking at all.

AGE 3:

2. Speech is very hard to understand.
3. The first sounds of many words are left off.
4. Only two and three- word sentences are used.
5. Sounds are more than a year late in appearing compared to typical development (see Guide To Speech Sound Development handout).

AGE 4:

6. Word endings are often missing.
7. Sentences are not put together well.
8. Speech has odd rhythm, rate, and inflection.

AT ANY AGE:

9. Vowel sounds are most often used in speech.
10. The child is embarrassed and disturbed by speech.
11. Voice quality is too high or too low for age and sex.
12. Child sounds as if he were talking through nose, or if he has a cold.

Reference

Pushaw, David. (1969). Teach Your Child To Talk. New York, New York: Standard Publishing.

GUIDE TO SPEECH SOUND DEVELOPMENT

Below are listed the speech sounds that children ages 3-5 years generally obtain at the given age level. Some children will develop these sounds earlier than listed. Help is necessary when a child has difficulty making many of the age-appropriate sounds.

2-7 to 3-0 years:
(31-36 months)
- m, n, p, w, b used with high degree of accuracy
- all vowels produced correctly by three years

3-1 to 3-6 years:
(37-42 months)
- p, m, w, h, b mastered
- k, g, t, d, ng (sing), s, r, y (yellow), are being used consistently

3-7 to 4-0 years:
(43-48 months)
- l, sh, j (judge), are frequently used correctly
- Becoming very understandable in connected speech

4-1 to 4-6 years:
(49-54 months)
- t, d, k, g, n, ng, y mastered
- Using ch, z, and f- frequently and well
- Should be very few endings left off
- Very understandable in connected speech

4-6 to 5-0 years:
(55-60 months):
- t, v, zh (measure) used frequently
- Most consonant sounds used well, but may not be perfect in every word
- Most problems occur in s, r, l consonant blends (green, blue, snake).

Please note:

It is very important not to work on the r and s sounds unless a professional speech- language clinician is helping you. The r and s sounds are hard to make and hard to explain how to make. Distortion can result easily from improper instruction. Overall, if you feel that a child has a speech problem, contact a speech-language clinician before trying to change any sound patterns.

GUIDE TO EARLY SPEECH SOUND DEVELOPMENT

Birth to three

0-3 months:
- Birth cry (same cry for hunger, wetness)
- Reflexive sound making (crying, fussing, etc.)
- Makes k, l, g, h and vowels such as ah, eh, uh
- Cry becomes specific for wetness, hunger etc.
- Coos and gurgles

4-6 months:
- Vocalizes pleasure and displeasure
- Explores different sounds such as raspberries, squeals, growls etc.
- Babbling begins
- Puts lips together- says "m"
- Plays with sounds by self
- Calls for attention
- Babbling shows pitch (high, low sounds) and inflection change

7-9 months:
- Uses m, n, t, d, p, b, z in babbling syllables (ma-ma-ma, da-da-da)
- Begins to use intonation-like patterns

10-12 months:
- Uses variety of consonants and vowels in babbling (e.g., ba-wi-du)
- May acquire first true word (10-18 months)
- Begins to use adult-like conversation intonations patterns

1-1 to 1-6 years:
(13-18 months):
- Omits some consonants at the beginnings and ends of words
- Hard to understand with the exception of a few words

1-7 to 2-0 years:
(19-24 months):
- More real words used than jargon or "gibberish"- jargon almost gone by two years

- Becoming easier to understand- about 65% of the time words are understood

2-1 to 2-6 years: (25-30 months)

- Leaves out consonants a lot and substitutes different sounds for correct sound
- About 70% of the time words are understood

References:

Prather, E., Hendrick, D., & Kern, C. (1975). Articulation development in children aged two to four years. Journal of Speech and Hearing Disorders. 40:179-191.

Sander, E. (1972). When are speech sounds learned? Journal of Speech and Hearing Disorders. 37: 55-63.

Stoel- Gammon, C. & Dunn, C. (1985). Normal and disordered phonology in children. Baltimore: University Park Press.

Templin, M. (1957). Certain language skills in children: Their development and relationships. (Monograph). Institute of Child Welfare, 26. Minneapolis: University of Minnesota Press.

TIPS FOR HELPING THOSE WITH COMMUNICATION PROBLEMS

ENVIRONMENT

1. Have the child do activities where he is allowed to explore, and look all around on his own.

2. Be responsive! To get the child's attention, move or get down to his level and give feedback. Make your face and voice say that you are interested. For example, you might say, "You made something BIG! What did you make?"

3. Give the child "natural" rewards and encouragement as he tries to communicate. Try smiles, hugs, happy words, and things he talks about or is showing you.

4. Be a good language model for the child, but don't overdrill on pronunciation and grammar. Instead, help the child learn the meanings

   of words, phrases, and sentences. For example,

   Child: (Looking at picture book)
   "Dat red truck, dat big ladder."

   CG: "Yes, that's a red truck, or firetruck. A firetruck helps people put out fires."

INTERACTING

5. Talk about what interests the child, especially familiar objects and events which are present or happening. Give the child new words to add to his vocabulary. For example, you might say, "Let's look in the mailbox to see if we got a package."

6. Use standard sentences such as "Look at the ___ .", "That's a _____.",

and "Where's the _____?". Stress the new word in order to draw attention to it.

7. Give the "general" names for objects at an early level, such as "flower" for rose, "money" for coins.

8. Divide up your speech into single words, phrases, and sentences to assist in understanding. For example, during play you might say, "Put the red truck in the box. The red truck. Yes, that's right. In the box, box. The red truck in the box."

9. Ask questions so the child has to say more. For example,
   Child: "I wanna banana."
   CG: "Peeled or unpeeled?"
   Child: "Peeled."

10. Use the child's words and put them back into a complete sentence.
   Child: "Doggie eat."
   CG: "Yes, the doggie is eating the bone."

11. Show the child a different way to talk about things that interest him.
   For example,
   Child: "Doggie eat."
   CG: "Yes, the doggie is hungry."
   or "What is the doggie eating?"

TO HELP OVERCOME STUTTERING OR HALTING SPEECH

12. Don't interrupt or finish sentences for the child when he is talking.

13. Don't draw attention to the child's speech by saying "slow down", "think about what you are going to say", or "start over". This makes the child think his speech is not good enough.

14. Don't discuss the child's speech problem in front of him.

15. Warn others not to imitate or joke about the child's nonfluent speech.

16. Do pay attention to the child when he is talking. Show your interest and wait for the child to get it out.

References

DeVilliers, P. A., & DeVilliers, J. G. (1979). Early Language. Cambridge, Mass: Harvard University Press.

Hubbell, R. D. (1981). Children's Language Disorders: An Integrated Approach. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Pushaw, David. (1969). Teach Your Child To Talk. New York, New York: Standard Publishing.

Activity
Responding To Children's Language

CHILD: "He gots big eyes."
Be a good language model. How would you respond?

_____

CHILD: "Puts my foots in."
Be a good language model. How would you respond?

_____

Child watches as you fertilize and water house plants.
What would you say to expand his/her vocabulary?

_____

Child looks out the window as the snow plow comes down the street. What would you say to expand his/her vocabulary?

_____

A four year old is helping you make cookies. How would you divide up your speech to describe the activity?

_____

It's spring, and the children are helping you plant flowers. How would you divide up your directions to increase understanding?

_____

CHILD: "Go swimming."
Respond to this statement in a way that makes the child elaborate.

_____

CHILD: "I want some juice."
Respond to this statement in a way that makes the child elaborate.

_____

CHILD: "Hands are dirty."
Respond by expanding the child's words.

_____

CHILD: "Baby cry."
Respond by expanding the child's words.

_____

CHILD: (Playing with blocks)
"Make some building."
Respond by adding richness and variety to your own words.

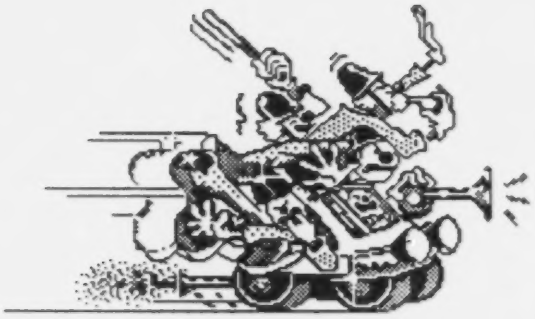
_____

CHILD: (Playing house)
"I'm goin' shoppin'."
Respond by adding richness and variety to your own words.

_____

CHILD: "Gra... Grandma is sta... sta.... stayin' at our house."
Respond appropriately to this stuttering problem.

_____



WARNING SIGNS!
VISUALLY IMPAIRED

Before Age 2

1. Pupils (black center of the eye) do not react to light.
2. Does not fuss when bright light is directed toward eyes.
3. Does not stare at surroundings.
4. Does not follow a moving toy/person with eyes. (Remember, this skill is developmental.)
5. Has red-rimmed, encrusted, or swollen eyelids.

Ages 2-5

1. Rubs eyes a lot.
2. Tries to brush away blur.
3. Squints, blinks, or frowns while doing close work.
4. Very sensitive to light, e.g., shields eyes when near light.
5. Stumbles or trips over small toys/things.
6. Holds playthings close to eyes.
7. Complains of pain or ache in the eyes, headaches, or stomach ache following close work.
8. Pupils are not the same size.
9. Moves eyes a lot.
10. Droops eyelids.
11. Eyes are not spaced evenly apart, or eyes are crossed.
12. Has repeated sties or watery, red eyes.

Gallop, H. R., & Vinciquera, A. M. (1983). Study Guide To Accompany Smith/Neisworth/Hunt: The Exceptional Child: A Functional Approach (2nd Ed). New York: McGraw-Hill Book Co.

TIPS FOR HELPING THE VISUALLY IMPAIRED

LEARNING ACTIVITIES

1. Increase sound-feeling experiences in every way possible. Give child a word for everything she touches. Give words for the way a thing feels (rough, smooth, hard, soft), where it is in the room, and if it is cold or hot.

2. Talk about what you are doing and what the child is doing as it happens. Talk about actions as well as things.

3. Be sure the child uses eyesight as much as possible; and, then combine looking with feeling, squeezing, smelling, shaking, and tasting.

4. Be sure that the child sees and feels all parts of an object and understands the relationship of parts to the whole, e.g., the Elephant and the Blind Men story illustrates the need for understanding relationship of part to whole.

5. Place the child in different positions and encourage touching and exploring objects. Sometimes use toys to demonstrate concepts like "on-off", "up-down", and "in-out".

6. Play games with the child just as you would with any child of the same developmental age. For example, rhythm games and hand clapping activities allow the child to feel the movement of your hands as well as her own.

7. Train the child's ability to store information presented by listening with great care. Increase his listening ability by providing

instructions given in sequences, games that require memory (e.g., Simon Says), and by helping the child to memorize his telephone number, address, etc.

8. Teach the child to find the location of a sound (e.g., outside, inside).

ENVIRONMENT

10. Helping a visually impaired child too much can hinder the development of learning to move around your FDCH independently. The child can learn to move with minimal difficulty.

11. Don't move furniture without telling the child.

12. Help the child locate toys by putting raised picture label cards on toy bins.

13. Leave enough space between furniture.

14. Don't leave lots of toys or other things to clutter the floor.

15. Use more sounds or specific words for directions.

INTERACTING

16. Touch the child when he makes sounds to let the child know that you are there and listening.

17. Don't delete words such as "see" and "look" from your everyday speech. These are common sayings for which there are no simple replacements.

18. Should the other children be interested in the child's handicap, allow time for talks. If the visually impaired child is able, let him tell about the handicap from his point of view.

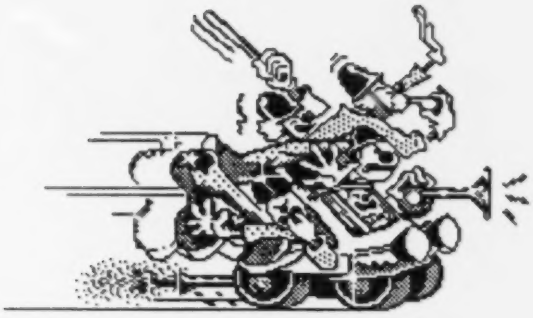
19. "Hey Mom, look at me!" A visually impaired child enjoys being the center of attention just like other children. Don't deprive him of this thrill.

20. Remember, you are a role model. Your attitude toward the visually impaired child, will "rub off" on the rest of the children in your FDCH.

References

Cook, R. E., & Armbruster, V. B. (1983). Adapting Early Childhood Curricula: Suggestions For Meeting Special Needs. St. Louis: The C. V. Mosby Co.

Gallop, H. R., & Vinciquera, A. M. (1983). Study Guide To Accompany Smith/Neisworth/Hunt: The Exceptional Child: A Functional Approach. (2nd Ed). New York: McGraw-Hill Book Co.



WARNING SIGNS!
HEARING IMPAIRED

BEHAVIORS

Ages 0-1

1. Described as being a "quiet, good baby".

2. Does not react to soft or loud noises most of the time.

3. Babbles from birth until about 9 months and then stops.

4. Has no spoken vocabulary after one year.

Ages 2-4

5. Has poor ability to hear or tell the difference between various environmental sounds, e.g., the doorbell, telephone.

6. Is overly dependent on visual clues, e.g., your face.

7. Uses a "neutral response", "smiling", "yes", and periodic nodding showing a lack of understanding speech in conversations.

8. Has hard time following verbal directions or does not respond at all.

9. Asks you to repeat something frequently.

10. Appears confused, especially in noisy situations.

11. Is inattentive during group activities.

12. May play alone a lot or be ignored by the other children.

13. Has hard time finding the source or the direction of the sound or speech (when the other children can find source easily).

14. Usually cocks head or ear toward a source of sound.

15. Plays only with things that make noise.

16. Distorts and/or omits sounds from words, e.g., "I caught a fish" may be spoken as "Me cau- fi-."

17. Makes grammar errors, such as dropping plurals ("s") and possessive endings, e.g., "Dad hat" for "Dad's hat", that make speech patterns sound "babyish".

18. Harsh, breathy, nasal and/or monotone voice quality.

19. Pitch, rhythm, stress, inflection, and/or loudness does not sound right.

20. May cry sometimes instead of using speech or voice.

PHYSICAL WARNING SIGNS

21. Has history of frequent earaches, ear discharge, or nasal blockage associated with mouth breathing or other nasal symptoms- frequent colds, sneezing, allergies, history of viral infections, high fever, etc.

22. Has an outer ear that looks strange.

References

Cliff, S., Gray, J., & Nymann, C. (1974). Mothers Can Help: A Therapist's Guide For Formulating A Developmental Text For Parents For Special Children. El Paso, TX: El Paso Rehabilitation Center.

Education Of The Hearing Impaired. (1978). Oregon Department of Education, Salem, Oregon.

Gallop, H. R., & Vinciquera, A. M. (1983). Study Guide To Accompany Smith/Neisworth/Hunt: The Exceptional Child A Functional Approach (2nd edition). New York: McGraw- Hill Book Co.

TIPS FOR HELPING THE HEARING IMPAIRED

COMMUNICATION

1. If the child wears a hearing aid(s), check to see that hearing aids are working on a daily basis.

2. Speak clearly using correct pronunciation.

3. Restate or repeat what the child doesn't understand in such a way that language is used instead of loudness.

4. Encourage the child to ask questions about what he doesn't understand. Even a non-speaking child can point and gesture about events and objects he doesn't understand.

5. Make sure the child sees your lips. Gain the child's direct eye gaze when speaking to him. If necessary, turn the child's head so you are facing one another.
   - do not stand with your back to a window while talking because of the incoming glare or light that may block the child's view of your lips.
   - stand still rather than move around in the room while speaking.
   - speak naturally; do not exaggerate or overemphasize your words, but do put in more pauses and speak more slowly.

IF THE CHILD IS LEARNING DIFFERENT METHODS OF COMMUNICATION:

6. Continue normal speech using simple sentences, intonation, stress, and pauses to assist in understanding. Also use matching facial expressions and body language.

7. Add to your normal speech "key" signs for the most important parts in

the sentence. For example, in the sentence, "Get the ball," you would only need to sign BALL. As your skill in using signs increases, additional words may be signed with verbal words.

8. Don't be afraid to change the sign somewhat to help the child understand, e.g., PINCH may be made on the child's cheek and BIG may be widened to show an elephant.

9. Encourage him to speak with comments such as "I like to hear you say it too!" if the child only talks in signs. Attempts as slight as an open mouth should be reinforced. When the child "forgets", say the words as he signs them.

INTERACTING

10. Talk about the child's hearing impairment with the other children so that they will understand his special language problems better.

11. Train a polite attitude in the other children concerning the child's hearing impairment. For example, the children should know to never pull on the child's hearing aid(s).

12. Accept the child regardless of the inadequacy of his speech or lack of language abilities.

13. Treat the child as normally as you would any nonhandicapped child.

14. Discipline the child as you would any of the nonhandicapped children.

15. Encourage the child through positive reinforcement. This will, in turn, give him self-confidence to communicate. For example, if a child put together a puzzle without your help, you could tell the child, "Nice job! You put the puzzle together by yourself!"

TIPS FOR HELPING CHILDREN WITH SEVERE SPECIAL NEEDS

LEARNING ACTIVITIES

1. Help the child form the right image of his body through feeling and imitating your movement. For example, make body tracings by outlining each child's body with another child's help.

2. Make sure the child is having good play experiences. Some severely handicapped children play with things in nonproductive ways, e.g., a child may click a comb against his teeth. When this happens, guide the child into using the object in a productive way, e.g., help the child brush his teeth or comb his hair.

3. Encourage the child to explore the world using all of his senses.
   - Experiences involve feeling different textures, temperatures, and movements. For example, give the child an ice cube to lick and hold, stand him in front of an air conditioner for a short time, and roll the child in a piece of fur. Be sensitive to each child's reactions to new experiences.

   - Smelling and tasting experiences may occur during daily activities. For example, have the child guess the snack by smelling it first. Watch for both negative and positive reactions! Or, have the child smell and bite down on first a piece of cotton and then a marshmallow.

   - Visual experiences provide a storehouse of knowledge and lay a foundation for learning. They also help the child understand his part in the world. Visual exploration may be encouraged by hiding toys, darkening a room and using a flashlight to focus on something, and using mobiles over/above baby beds.

   - Hearing experiences help the child understand sounds in the environment including speech.

4. Remember to always give the child "firsthand" experiences. For example, allow the child to lie on the grass instead of sitting in a stroller.

5. Find a treat or reinforcer the child really enjoys! For example, rubbing lotion on face, hands, and feet, swinging in a blanket, have all been good reinforcers for severely handicapped children.

6. Reinforce all behaviors which are appropriate or correct, even if the change is very small.

7. Help the child apply his new skills. Learning is not finished until the child can independently use a new skill with a variety of persons, in different places, and with many things.

8. Place special emphasis on training the child to be as independent as possible in the areas of self-help, eating, toileting, dressing, and grooming.

ENVIRONMENT

9. Give the child fun and varied surroundings, but take care that he is not overloaded. For example, if you want the child to expect lunch, allow him to smell food cooking and hear kitchen noises away from other interfering sounds such as the T.V. or record player.

10. Plan a daily schedule for the child and stick to it, even on days he is uncooperative or unresponsive. The child should not lie in bed or nap without time limits.

11. Create a place where the child is encouraged to become less dependent. Some severely handicapped children live in "magic" worlds where they are cared for and handled as if nothing is expected of them. Give the child times to fuss (briefly) before changing his diaper, to reach or roll for a toy or to practice eating finger foods when hungry.

12. Allow the child to make simple choices. For example, hold up different food items at lunch or different toys during playtime and allow the child to make a choice.

INTERACTING

13. Assume that the child can understand more than he is able to tell you. Talk to the child in short, simple sentences about events and persons in the environment.

14. Use routine words and gestures when possible. (Also, to avoid confusion, do not use several words which indicate the same action or object, e.g., "toilet", "potty", and "pot".) Use same words for general things.

15. Wait for and encourage all responsive behaviors. A change in eye or hand movement, body tension, or a laugh or cry is a response! Direct your attention toward the child.

16. Give the child a need to communicate. For example, a closed candy container or missing spoon at lunch may prompt the child to vocalize a request! Making the child initiate a request allows him to experience the power of communication.

17. Attempt to improve the child's physical and visual attention during interactions. To communicate, a quiet body and mutual eye contact is often required.

18. Include manual signs, pictures, or symbols, during all daily activities if the child's communication methods require them. Discuss with other members of the team the signs or symbols needed most in your FDCH.

19. Maintain an optimistic attitude about the child and his potential for development.

20. Nurture a sense of belonging and acceptance within the child by including him in as many activities as possible.

21. Hold, cuddle, and rock the child to communicate your feelings of acceptance, warmth, and love.

22. Remember to include your other children with the special needs child. Explain to them the strengths and limitations of the child. Discuss how you all can help the special needs child.

23. Encourage the other children to interact with the child. Older children can read stories and play simple games with the child.

PHYSICAL MANAGEMENT

24. When working with persons who have physical limitations, think of your own body also! The following are a few ways to prevent back strain.

    a) Before lifting a child, "set" the pelvis. At the same time, tighten your abdominal muscles and buttocks and take a deep breath.

    b) Always bend from the knees, not the waist. If the child is lying on the floor, kneel on one knee beside the child and lift using your thigh muscles. Keep your lower back as vertical or straight as possible during the lift.

    c) If you must move children lying on the floor or in bed, pull them toward you. Never push them away from your body.

    d) Carry children close to your body. Holding them down and away from the body places a strain on your back.

25. Using suggestions offered by the child's physical and/or occupational therapist(s), position him in a variety of ways. This enables the child to vocalize, visually and physically experience the world, and become an active participant. For example, the child may be bolstered by pillows while seated on the couch and placed chest down on a wedgeboard while lying on the floor.

26. Allow the child to perform to the fullest extent of his physical abilities.

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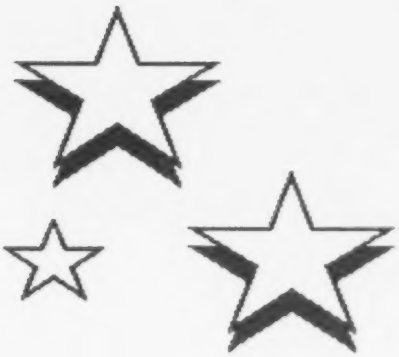
Donlon, E. T., & Burton, L. F. (1976). The Severely And Profoundly Handicapped: A Practical Approach To Teaching. New York: Grune & Stratton.

Fraser, B. A., & Hensinger, R. N. (1983). Managing Physical Handicaps: A Practical Guide For Parents, Care Providers, And Educators. Baltimore: Paul H. Brookes Publishing Co.

Musselwhite, C. R., & St. Louis, K. W. (1982). Communication Programming For The Severely Handicapped: Vocal And Non-vocal Strategies. Houston, TX: College-Hill Press.



Name _____

STUDY SHEET FOR WHO WE ARE/SERVE

Check which sentence best answers the question.

1. Which statement best describes the reason for Project Neighborcare?

   _ The home is the best place to raise children.
   _ Special needs children can learn a lot by watching nonhandicapped children.
   _ A child with special needs should be allowed to grow and learn in a normal environment, if possible.

2. Becoming a member of a "team" means I need to

   _ assume total responsibility for the special needs child.
   _ learn how to do the other team member's jobs.
   _ learn how to share what I know about the special needs child and use other team member's knowledge.

3. A child with special needs is first of all

   _ a handicapped child.
   _ more like nonhandicapped children than different.
   _ mentally impaired.

4. One way to help a child with communication problems understand my talking is to

   - give specific names for objects, such as "Pontiac" for "car."
   - stress every word in a sentence, such as "LOOK AT THE BOX."
   - make sure to talk about what is interesting to the child.

5. If I plan to care for a child with a visual impairment, I may need to

   - rearrange the furniture quite often so the child learns to cope.
   - help the child "see" the world through touching, tasting, feeling, and hearing.
   - change my expressions so I don't say "See/Look at the _____!"

6. One way I can help a child with a hearing impairment is to

   - ask the parents to check the child's hearing aids if I think the batteries are low.
   - speak loudly and use exaggeration when pronouncing words.
   - ask the child if he understands, then show and tell in another way.

7. When communicating using manual signs and speech, I should

   - modify the sign when necessary to increase understanding.
   - sign every word I say.
   - make my voice very monotone so the child pays more attention to the sign.

8. One of the advantages to knowing something about child development is that

   - the lack of or disappearance of developmental milestones in a child may warn me that something is wrong.
   - I can find out who is the brightest child in my FDCH.
   - I can keep all the children working at the same level.

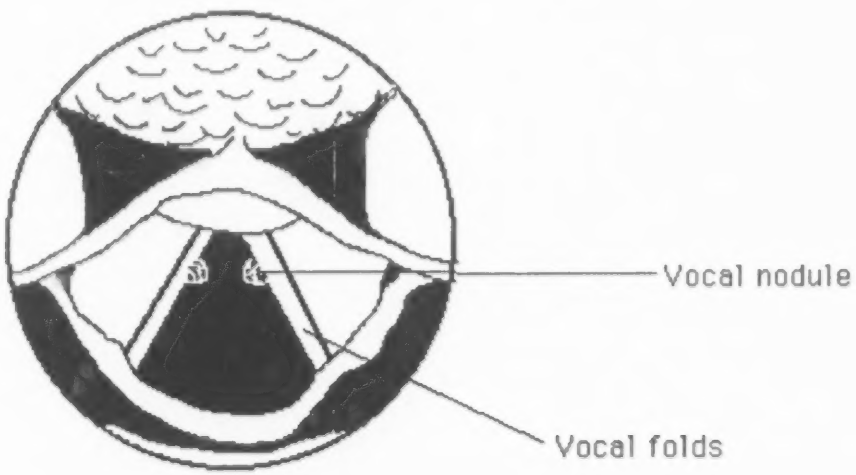
Supplemental Handouts

VOICE PROBLEMS
Definition

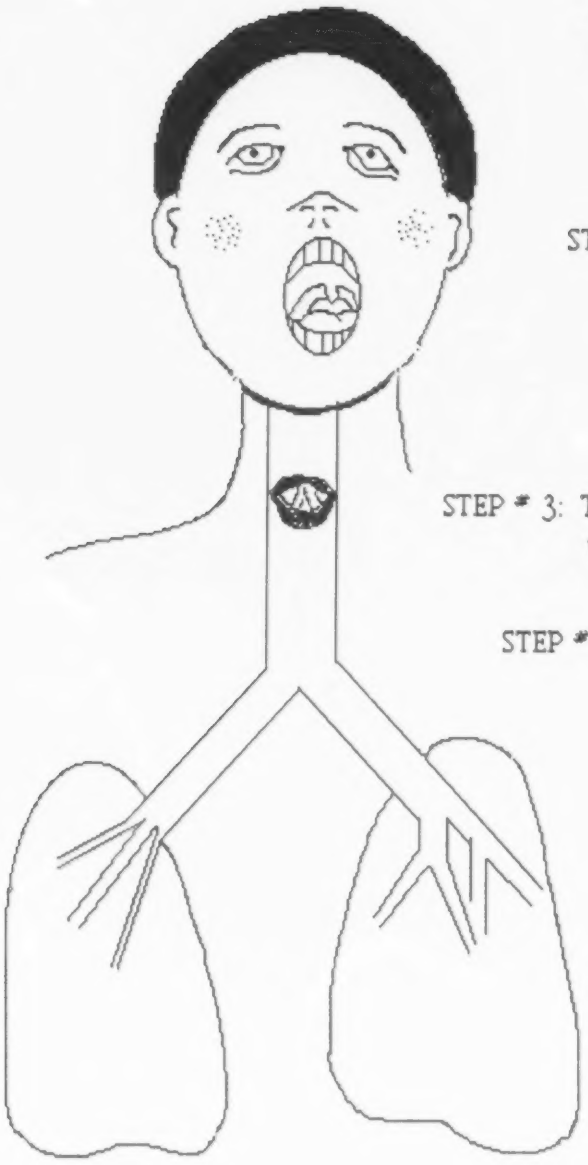
What is a "normal" voice? Basically, a voice which is not too loud or too soft and easily heard, not too fast or too slow, pleasant in tone, and right for the child's age, sex, and family background.

What is a "problem" voice? A disordered voice is one that sounds strange and out of the ordinary by everyone concerned, regardless of the child's race or family background. For example, the child sounds hoarse, breathy, froggy, or sounds like a clothespin is clipped on the nose, or sounds like the child is talking through his nose. 10% of all school age children in first and second grade have unacceptable voices. The voice problem can be maintained by just engaging in one 'bad' activity briefly- for example, making motor noises while on a bike.

What causes a voice problem? Voice problems can happen from many different causes. Children can develop voice problems from screaming, yelling, shouting, and even making animal noises or sound effects. If a person abuses his voice for a long time, the vocal folds may turn red and may swell. Some children may form vocal nodules on their vocal folds. Nodules are small bumps on the vocal folds. These bumps cause the vocal folds to not meet together all the way. Thus, the voice will sound hoarse and breathy.



HOW OUR VOICE WORKS



STEP #4: The shape of our lips, tongue, teeth and roof of our mouth turns the sound into words.

STEP # 3: The vibrating (moving) vocal folds will make sound waves

STEP # 2: The air will travel through the trachea (airway tube) and cause the vocal folds to move or vibrate when we talk (just like a stretched rubber band).

STEP #1: To make a sound we must let the air out from our lungs by exhaling .

Reference

Solomon, B & B. (1986). Be good to your voice: A children's activity book for the prevention of voice disorders. W. Lafayette, IN: Purdue Research Foundation.

BEST COPY AVAILABLE

WARNING SIGNS! VOICE PROBLEMS

Watch for children who display these behaviors-

1. Male children with agressive personalities may develop "vocal nodules." For example, children who yell directions/commands to other children during play are potential voice abusers. Also, watch for children who like to act out cartoon characters such as Voltron, Transformers, Mask etcetera on a daily basis.

2. A child's voice that may sound harsh and breathy.

3. The child's voice may sound best early in the morning but grows worse as the day goes on.

4. The child uses his voice excessively a lot during allergy or congested times.

5. The child laughs hard and abusively.

6. The child reverses breath stream to make sounds. For example, child breathes in and makes sound while breathing in.

7. The child argues frequently and loudly with fellow siblings and peers.

8. The child is in a smoky environment most of the day.

9. The child talks a lot/abuses his voice while taking aspirin. Aspirin can increase the likelihood of blood vessels to rupture in the vocal fold, thereby developing vocal nodules.

10. The child roughly clears his throat a lot.

11. The child sings in an abusive manner a lot.

12. The child grunts while doing gross motor activities.

13. The child frequently calls others from a distance (e.g., friends, pets).

14. The child uses too high or too low of a voice in pretend-play situations.

TIPS FOR PREVENTING VOICE PROBLEMS

1. Monitor the amount of yelling and abusing of the voice your children do. Potential places where children may abuse their voices are:
   a) pretend karate games
   b) pretend toy and animal noise games
   c) noisy times of the day
   d) calling pets from far away
   e) activities on the playground

2. Help the children avoid smoky areas.

3. Use a tape recorder to show what level is **too loud**, **just right**, or **too soft.**

4. Limit the amount of talking "between" tables during eating times.

5. Help the children walk up to the person they want to talk to, instead of yelling across the room.

6. Limit the amount of whispering. Whispering can hurt your voice also.

7. Teach the children not to interrupt another when a person is on the telephone.

8. Teach the children to lower the volume of the TV, radio, stereo, or tape player when volume is too high and children wish to talk.

9. Help children learn to take turns talking at the dinner table.

10. Encourage children to clap or use a whistle when cheering at sporting events.

11. Discourage fights; instead encourage them to quietly talk it out.

12. Sometimes, it is important to yell loudly. Discuss with your children different emergency times when yelling would be important. The following list covers some of the basics:

a) If a fire breaks out.

b) If you see someone running into the street without looking.

c) If you hurt yourself (falling off your bike).

d) If you lock yourself into the bathroom or closet.

e) If a stranger wants you to go with him.

References

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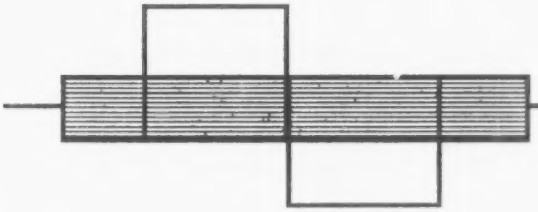
WORKSHOP TWO:

Where We Live

NEIGHBOR CARE



1. Workshop Objectives

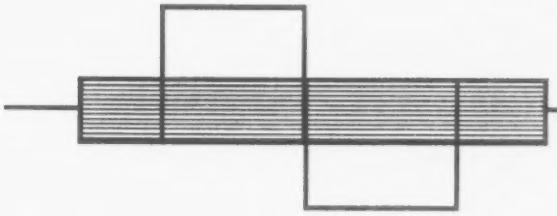
a. Caregivers will learn about the six basic parts of quality child care:
    1. space and furnishings
    2. basic care
    3. language and reasoning
    4. learning activities
    5. social development
    6. adult needs

b. Caregivers will understand the importance of quality child care for children's development.

c. Caregivers will be able to identify higher and lower quality characteristics of home day care.

d. Caregivers will learn strategies to improve their day care.

e. Caregivers will learn to rate themselves on the Family Day Care Rating Scale (Harms & Clifford, 1984).



2. Workshop Content

a. Begin workshop with an introductory discussion.

1. Discuss take home activity from workshop 1.
2. Pass back study sheets from workshop 1.
3. Discuss workshop objectives.

b. Discuss the need for quality day care and the benefits of quality child care for children, parents, and communities.

1. More mothers are working outside the home and parents are scrambling to find quality childcare.
2. Although there are other types of resources for parents (relatives, day care centers, etc.), home day care is the most widely used form of childcare in this country.
3. Studies in day care centers (Kontos & Stevens, 1985) have shown:
   a). Centers with smaller groups and trained adults were associated with more positive children's behavior, such as more cooperation, verbal initiative and involvement, and less hostility.
   b). Children at higher quality centers did better on measures of language development.
   c). Children in medium quality day care centers were more similar to those in poor quality centers than those in high quality centers.
   d). Other findings reveal that children who attended quality early childhood education programs:
   Δ Were better able to meet the requirements of primary school
   Δ Functioned at an increased intellectual capacity

during initial school years

- Δ Required special education less frequently
- Δ Experienced no significant disruption in attachment to their mothers
- Δ Rated themselves more competent in school
- Δ Were rated by teachers as being more motivated in school
- Δ Showed more appropriate classroom and personal behavior during the primary and secondary school years

4. The benefits of quality child care to families and communities:
   a). Mothers viewed themselves and families as more competent.
   b). Parental involvement led to positive changes in children.
   c). Mother's earning power increased.
   d). Less money was needed for special education.
   e). Lower rates of delinquency were reported.

c. **Review the characteristics** of high and low quality child care according to the FDCRS (see Reference section: Harms & Clifford).
   1. Stress that there is a range of characteristics of day care situations from inadequate to excellent.
   2. Ask the providers to complete the "Scrambled Items" activity (see Reference section: Harms & Clifford). Discuss the providers' responses to the items.
   3. Discuss the importance of planning and organization in providing quality day care.

d. **Hand out copies** of the Family Day Care Rating Scale Overview (see Handouts section). Review the six basic parts of quality day care according to the scale. Review specific items for each dimension on the scale.

1. Space and furnishings: Hand out copies of Space and Furnishings (see Handouts section) and review the major points.
    a). Encourage the providers to plan and organize their day care environment.
    b). Encourage the providers to plan an environment that children enjoy, that allows for group and independent work and play, and that encourages learning.
2. Basic Care: Hand out copies of Health and Safety Tips and When To Keep A Child At Home (see Handouts section). Review the major points.
    a). Discuss the importance of the basic care category, and that many day care homes need to upgrade their basic care standards.
    b). Review the items with which many day care providers have difficulty: washing hands after toileting/ diapering each child; separate blankets/ mats for each child; and, separate wash cloths/ towels for each child.
    c). Indicate that learning experiences can be woven into basic care routines.
3. Language and Reasoning: Hand out copies of How To Encourage Language and Reasoning Skills (see Handouts section). Divide the providers into groups of 3 or 4 and ask them to complete the activity. Discuss their responses to the activity in the large group.
4. Learning Activities: Hand out copies of A Suggested Day (see Handouts section). Stress the following points:
    a). One activity can serve more than one purpose (e.g., sand and water play could provide language and motor activities for the day).
    b). Suggest that at least two planned activities per day is acceptable.

c). Indicate that using the HICOMP Developmental Guide (to be introduced in workshop 3) will help the providers include planned activities in their daily schedule.

5. Social Development: Hand out copies of Know Your Interactions (see Handouts section). Review the handout briefly and stress the importance of setting a positive tone since it can influence all other aspects of your day care home.
   a). Review the personal qualities a day care provider needs in order to be effective. These include: a sense of humor, self confidence, concern for and enjoyment of children, flexibility, openness to learning, patience and stamina, and organizational skills.
   b). Indicate that methods of discipline and behavior management will be covered in workshop 5.
6. Adult Needs: Hand out copies of the Written Policy (see Handouts section) and review briefly. Discuss needs in professional development for the caregivers.
   a). Indicate that parental issues will be covered workshop 6.

e. **Show the filmstrip** Inviting Spaces (Toys 'N Things Press, 1980). Using this as a basis, review the parts of quality day care, and methods for improving any day care setting. Give the providers an opportunity for discussing how they might improve their own day care.

f. **Hand out copies** of the Family Day Care Rating Scale and of Sample Scoring Situations, (from scale training materials).
   1. Give the day care providers directions for completing the rating scale themselves. Review and discuss a number of examples with the providers using the Sample Scoring Situations.

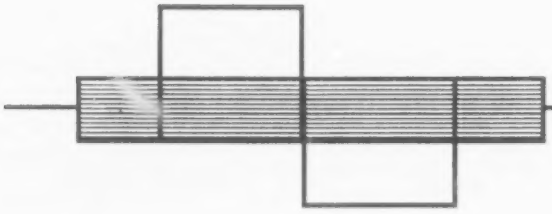
2. Discuss the criteria on the scale that Neighborcare has set for placement of a special needs child in a day care setting.

g. **Review Workshop Summary** and the Take Home Activity for workshop 2 in the workbook (see Appendix F).

h. **Hand out the** Study Sheet for Where We Live (see Handouts section). Collect when completed, prior to leaving.

i. **Hand out workshop** evaluation form (see Appendix G). Collect when completed, prior to leaving.

j. **If time permits,** review handouts in the supplemental section.



3. Workshop Handouts

OBJECTIVES
for
WHERE WE LIVE

A. You will learn about the six basic parts of quality childcare:

1. Space and furnishings
2. Basic care
3. Language and reasoning
4. Learning activities
5. Social development
6. Adult needs

B. You will understand the importance of quality childcare for children's development

C. You will be able to identify higher and lower quality characteristics of home day care

D. You will learn strategies to improve your day care

E. You will learn to rate yourself on the Family Day Care Rating Scale

NEIGHBOR CARE

Frank Porter Graham Child Development Center
500 NCNB Plaza 322A, Chapel Hill, N.C. 27514 (919) 962-2001

FAMILY DAY CARE RATING SCALE

by Thelma Harms and Richard M. Clifford

The Family Day Care Rating Scale (FDCRS) is especially designed to measure the quality of day care provided in home settings. It consists of 33 items organized under 6 major headings. Each item has descriptions for 4 levels of quality. This scale is an adaptation of the Early Childhood Environment Rating Scale, previously developed by the authors for use in center-based early childhood programs.

Overview of Family Day Care Rating Scale

SPACE AND FURNISHINGS

1. Furnishings for routine care and learning
2. Furnishings for relaxation and comfort
3. Child related display
4. Indoor space arrangement
5. Active physical play
6. Space to be alone (a&b)

BASIC CARE

7. Arriving/leaving
8. Meals/snack
9. Nap/rest
10. Diapering/toileting
11. Personal grooming
12. Health
13. Safety

LANGUAGE & REASONING

14. Informal use of language (a & b)
15. Helping children understand language (a & b)
16. Helping children use language
17. Helping children reason

LEARNING ACTIVITIES

18. Eye-hand coordination
19. Art
20. Music and movement
21. Sand and water play
22. Dramatic play
23. Blocks
24. Use of T.V.
25. Schedule of daily activities
26. Supervision of play

SOCIAL DEVELOPMENT

27. Tone
28. Discipline
29. Cutural awareness
30. Provisions for exeptional children

ADULT NEEDS

31. Relationship with parents
32. Balancing personal and caregiving responsibilities
33. Opportunities for professional growth

SPACE AND FURNISHINGS

A. Indoors

1. **Arrangement of area**:

   Large area, brightly lit,

   Safe area

   Furnishings

   - for basic care
   - child sized
   - comfortable, soft

   Children's work displayed and changed often

   Arrangement of space

   - traffic patterns arranged well
   - place to be alone
   - storage space for each child
   - materials arranged and organized
   - at least two activity centers

2. **Selection of toys**

   Toys should be:

   - responsive to the child's action
   - age appropriate- a variety of toys for each age level
   - strong and safe
   - able to provide a wide variety of experiences
   - watched closely for breakage

3. **Interest Centers**

   a) Table Toys - to increase small motor skills; to increase reasoning skills (discrimination, classification, categorization)

   Materials:

   - nesting and sorting boxes
   - shape boxes
   - puzzles, puzzles with knobs
   - snap-lock beads
   - paper and pencils/ crayons (age appropriate)
   - things to zip, snap, and hook
   - typewriter
   - plastic bottles and covers

- others

_____
_____
_____

b) Block Center- to increase small motor skills; and to increase cooperation and sharing

Materials:
- soft blocks
- blocks of various shapes
- wooden blocks for older children
- block props (trucks, cars, people, etc.)
- others

_____
_____
_____

c) Craft Center- to provide for free, creative expression and sensory pleasures; increase eye-hand coordination and language development

Materials:
- paint brushes, paint (tempera), and painting easel
- paper- various sizes and shapes (tissue paper)
- magazines, catalogues
- paste and glue
- fingerpaint and paper
- chalk and chalkboard
- crayons
- scissors (blunt- edged!)

d) Dramatic Play Area- to increase language and cooperation

Materials:
- child sized furniture, including stove, refrigerator, sink

- dolls and doll clothes
- table and chairs
- kitchen utensils, pots and pans
- toy telephone
- food containers
- others

_____
_____
_____

Alternative themes: grocery store, library, hospital, etc.

e) Sand/ Water Area- to encourage language development; and to increase sensory experiences, eye- hand coordination

Materials:
- sand and water
- pouring containers
- sand wheel
- shovels
- scoops
- floating toys
- others

_____
_____
_____

f) Quiet Center- to provide opportunity for a child to be alone

Materials:
- books
- soft animals/ pillows
- comfortable furniture
- others

_____
_____
_____

g) Gross Motor Center- to increase large motor skills (may want this outside!)

Materials:
- riding toys
- wagon
- small slide
- balance beam
- others

_____
_____
_____

h) Science Center- to increase concept development and exploratory behavior

Materials:
- fish/ hamsters
- bird feeders
- family pets
- shells
- plants (garden)
- leaves
- magnifying glass
- materials related to later field trips
- others

_____
_____
_____

i) Music and Rhythm Center- to provide sensory experiences and the opportunity for creativity

Materials:

- record player/ tape recorder
- records/ tapes
- pans and sticks
- bells
- space for movement
- others

_____
_____
_____

B. Outdoors

1. Fenced in yard
2. Outdoor equipment- age appropriate
   - swings
   - slide
   - sand and water area
   - balls
   - riding toys
   - others

_____
_____
_____

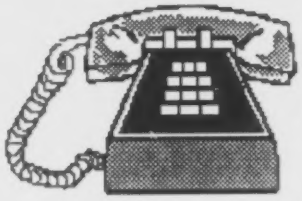
References

Leavitt, R. L. & Eheart, B. K. (1985). Toddler Day Care. D. C. Heath & Co.

Lubchenes, A. (1981). Spoonful of Lovin' : A Manual for Day Care Providers. Bloomington, IN: Agency For Instructional Television.

Health and Safety

Necessities of health & safety-



Safe environment (see Safety Tips handout)
Clean environment
Emergency procedures
- emergency telephone numbers
- exit plans posted and practiced
- alternate caregiver for emergencies
- first aid supplies (knowledge of how to use them)

Health records and information for each child
Car safety restraints
Knowledge of how to report child abuse/neglect
Knowledge of how to recognize the ill child

Recognizing the ill child:

1. Changes in how the child behaves- complaints from the child
- decrease in appetite; increased thirstiness
- change in activity level
- difficulty sleeping or unusual sleepiness
- difficulty concentrating
- pulling ears; rubbing eyes
- vomiting, diarrhea, or frequent urination
- increased fussiness, crying, whining, or clinging
- more accidents than usual
- unwilling to use some part of the body
- clinging to parent or caregiver

2. Changes in how the child looks or feels
- elevated temperature
- coughing, sneezing, or runny nose
- unidentified rashes or spots
- difficulty breathing or swallowing
- changes in skin color; clammy, hot or cold skin
- drainage from ears
- red eyes, watery eyes; discharge from eyes
- swollen areas (eyes, glands); lumps
- excessive drooling (not related to teething)

SAFETY TIPS

1. Emergency numbers should be posted by the telephone (e.g., doctor, ambulance, rescue, fire department, police, poison control center).
   - include information for each child
   - have substitute caregiver's phone number posted

2. Have a first aid supply kit readily available (know how to use it).

3. Know where the children are at all times. If you are in the next room, be aware of silence and check on the children.

4. Have a "lead free" environment (be concerned about old, chipping paint). Call the Health Department for an inspection if you are unsure.

5. Small and sharp objects should be out of reach of infants and young children; explain the danger of these things.

6. Medicine, cleaning supplies, weed killer, etc. should be out of reach (locked, if possible); flush all old medicines down the toilet. Don't store gasoline in the house or garage. Check for loose nails and screws in the house.

7. Pot handles should be turned away from the front of the stove.

8. Use appropriate seating materials, e.g., broad- based high chairs and high chairs in good condition.

9. Throw out broken toys!

10. Opened cans should be in a tightly closed trash can.

11. Make sure hot water is not set too high; cover exposed hot pipes and radiators.

12. If the children use a second floor, windows need guards. All windows

should open from the top. Place decals on glass doors.

13. Have gates for all stairs. Keep stairs clear and well lighted.

14. T.V. should be pushed against the wall so children can't reach the back.

15. Keep a screen in front of the fireplace or space heater.

16. Keep electrical cords in good condition. Make sure cords are out of children's reach so they can't pull down heavy appliances on themselves. Use safety covers on electrical outlets. Don't have too many plugs in one outlet.

17. Use door stops and safety knobs where needed.

18. Pins, tacks, needles, and matches should be out of reach of all children.

19. Keep any styrofoam out of children's reach because it can be very dangerous (can't see on an x-ray, so must do exploratory surgery if swallowed).

20. Be careful of scatter rugs; tape them down.

21. Make sure table cloths hanging over the edge of a table are attached securely to the table.

22. Don't use plastic on cribs or beds in which children will sleep.

23. Be careful of spilling while you cook.

* Consider taking CPR and other workshops related to children's safety.

References:

Leavitt, R. L. & Eheart, B. K. (1985). Toddler Day Care. D.C. Heath.

Lubchenco, A. (1981). Spoonful of Lovin' ; A Manual For Day Care Providers. Bloomington, IN: Agency For Instructional Television.

Rules For Keeping A Child At Home

This is an example of what you might develop as a policy for dealing with sick children. Make sure that you feel comfortable with the policy that you develop and that you inform your parents in writing about the policy.

A child or infant needs to be kept at home if she has:

1. Temperature of over 101° in the morning (or within the last 24 hours).
2. Vomiting (not just "spitting up").
3. Diarrhea (more often than usual).
4. Unidentified or undiagnosed rashes.
5. Impetigo (red pimples that become blisters and then break).
6. Conjunctivitis- eye infection often called "pink eye".
7. Severe cold.
8. Bronchitis- persistent hoarseness and coughing.
9. Contagious diseases, e. g., chicken pox, mumps, measles, etc.
10. An ear or throat infection, until she has had medication for at least 24 hours.
11. Head lice, scabies, or other similar problems. (Must be completely eliminated before the child returns.)

Sample letter produced by:
Cornell Infant Nursery
Department of Human Development and Family Studies
College of Human Ecology
Cornell University

Group Activity:

How To Encourage Language And Reasoning Skills

Think of all the ways that you encourage language and reasoning skills in your day care home. This is a time for brainstorming. Think of as many ideas as possible without judging or evaluating them. Write down all the examples your group discusses in the spaces provided below.

After brainstorming for 5 minutes, circle the 2 best examples from each section. Be ready to share these ideas with the rest of the group.

Ways to encourage:

1. **Language Skills**

2. **Reasoning Skills**

A "Suggested" Day

Arrival	Greet all children and parents individually. Set positive tone for the day.	
7- 8 a.m.	Provide breakfast for any children who have not yet had it. Older children can play independently.	
8- 9 a.m.	Quiet activities for children:	
	Infants: game of peek a boo, imitation games, rattles	Toddlers/Preschoolers: puzzles, dolls, books, quiet blocks, interest centers
9- 11 a.m.	Infants: cuddle, feed, nap, or quiet time	Toddlers/ Preschoolers: Planned, special activities, snack time, nap or rest for those who need it
11- noon	Before lunch activities- may be outdoor play; active play in the house; washing for lunch; help with preparation for lunch.	
noon- 1 p.m.	Infants: cuddle, feed, nap, or quiet time	Toddlers/Preschoolers: lunch time; wash up and brush teeth; story time; prepare for nap or rest time
1- 3 p.m.	Allow the children to sleep as long as they need. Older children can be allowed to play quietly after they are done resting. Have a snack ready when children are done with their nap.	
3- 4:30 p.m.	Infants: feed and play with infants; infant stimulation	Toddlers/ Preschoolers: help older children start an activity (arts and crafts;

	(special planned activity); outdoor play	building with blocks; music time). Good time for interest center activity, outdoor play.
4:30- 5:30 p.m.	Prepare children for going home. Make it a smooth and relaxed time.	
Leaving	Say goodbye to all children individually. Use this time to talk with parents about the day. Say something positive.	

KNOW YOUR INTERACTIONS

1. Positive, Verbal Interactions
   - Praising
   - Encouraging
   - Laughing; smiling
   - Add your own ideas:

     _____
     _____
     _____
     _____

2. Negative, Verbal Interactions
   - Scolding
   - Putting down
   - Add your own ideas:

     _____
     _____
     _____
     _____

3. Language Interactions
   - Expanding
   - Conversing
   - Repeating
   - Explaining
   - Add your own ideas

     _____
     _____
     _____
     _____

4. Positive Physical Interactions
   - Hugging
   - Patting head
   - Add your own ideas

     _____
     _____

_____

_____

5. Negative Physical Interaction
   - Spanking
   - Pushing
   - Shaking, rough handling

6. Observing- watching what the child is doing

7. Ignoring- not paying attention to child

8. Gesturing- hand, arm, and head movements used to communicate

Written Policy

Having well thought out, written policies to share with parents can save time, irritation, and money. Below are suggestions to include in your policy.

1) Essential information about the child:
   - developmental history
   - medical issues (immunizations; health records)
   - family background, e. g., number and age of siblings

2) Adjustment period (more than 2 weeks)

3) Emergency information:
   - medical release
   - emergency telephone numbers
   - transportation in case of emergency

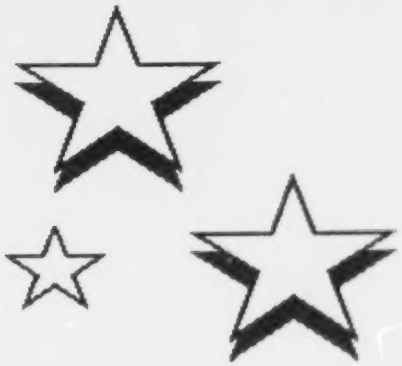
4) Illness
   Method for contacting parents
   Rules for when to keep a sick child at home (see "When To Keep a Child At Home" handout)
   Substitute (if you are sick)
   Medication (permission to administer medication)

5) Fees and other business details
   What your fee includes/ when it is due
   Field trips (need release for transportation)
   Vacation fees
   Special types of care (evening, overnight)

6) What child can and should bring
   Diapers?
   Change of clothes?
   Toys?

7) Arriving/ leaving policy
   Hours of care
   Who will pick up child
   Penalties for late pick up
   Where parent is to bring child at arrival

Name _____



STUDY SHEET FOR WHERE WE LIVE

True or False- circle the correct response

1. Children in medium quality day care centers were more similar to those in high quality centers than those in poor quality centers.

   True False

2. During the day I should have at least _____ planned activities.
   (number)

3. Name three necessary personal qualities for a day care provider.

   1) _____

   2) _____

   3) _____

4. What are the six basic dimensions of quality childcare?

   1) _____

   2) _____

   3) _____

   4) _____

   5) _____

   6) _____

Supplemental Handouts

PLAN YOUR ENVIRONMENT !

MAIN ROOM

BATH-ROOM

OTHER ROOM(S)

"Ideal Activity Plan"

Monday	Tuesday	Wednesday	Thursday	Friday
Planned language activity	Planned language activity	Planned language activity	Planned language activity	Planned language activity
Planned language activity	Planned language activity	Planned language activity	Planned language activity	Planned language activity
Musical experience	Musical experience	Nature/ Science activity	Musical experience	Art activity
Story	Art activity	Art activity	Sand/ water play	Story
1-3 hours of outdoor play	Story	Story	Story	1-3 hours of outdoor play
	1-3 hours of outdoor play	1-3 hours of outdoor play	1-3 hours of outdoor play	

Recommended: at least two planned activities daily. Remember one activity can serve many purposes!

* Be sure to have a back-up activity (or be flexible enough to change your schedule) just in case the weather is bad.

Plan Your Weekly Activities!

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
					MORNING
					AFTERNOON

Guided Discussion For Caregiver Interactions

STATEMENT

1. Interactions between providers and child should help the child reach reasonable _____

2. Providers need to be _____ to the needs of each child and change their interactions to meet the child's needs.

3. When a provider interacts with a child it should be _____, rather than forced.

4. Toys should not be used in place of being with _____ .

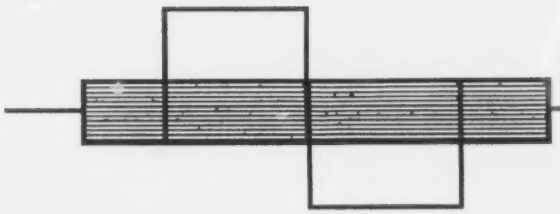
5. Each child has individual _____ and the sensitive provider is aware of them and reacts accordingly.

6. The provider needs to be tuned into the different kinds of _____ that children engage in.

7. It is important that the provider give children just the right amount of _____ at the right times.

WORD SELECTION

a. need
b. natural
c. help
d. play
e. goals
f. people
g. sensitive



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WORKSHOP THREE:

What We Use

NEIGHBOR CARE

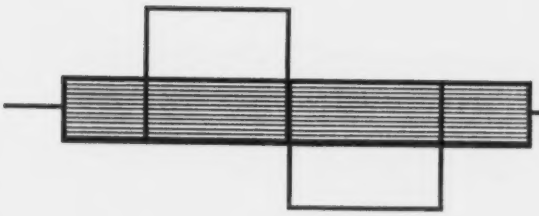
Special Memo to users of Neighborcare Manual:

Workshop 3 has been designed to train caregivers to use a standardized 0-5 years diagnostic/prescriptive curriculum in family day care homes that have special needs children. Neighborcare chose the HICOMP PreSchool curriculum (Willoughsby-Herb and Neisworth, 1983) to help meet this objective.

If you are interested in the details of the HICOMP curriculum, you can obtain a copy from:

Psychological Corporation
Harcourt Brace Jovanovich, INC.
555 Academic Court
San Antonio, Texas 78204-0954

However, the use of the HICOMP curriculum is not a prerequisite for replicating the Neighborcare model. Any diagnostic/prescriptive curriculum may be used, as long as the goals and objectives in the program cover the 0-5 age range. We have made major adaptations of HICOMP material to best serve our family day care providers. Please see our organization and handouts section for further details on the HICOMP curriculum and our adaptations of the program. Please contact the Neighborcare office for additional details at 317-494-2942.



1. Workshop Objectives

a. Providers will increase their knowledge of the principles and areas of child development, i.e., communication, motor, problem solving, and own care (or self care).

b. Providers will understand the purpose for using the HICOMP Developmental Guide.

   1. Providers will learn to work from objectives or goals.
   2. Providers will learn how to individualize activities.
   3. Providers will learn how to track children's progress.

c. Providers will receive directions on how to use the Entry Level Finder and Progress Marker.

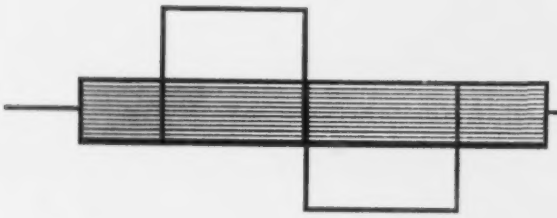
d. Providers will learn the difference between "directed teaching", "active caregiving", and "warning signs".

   1. Directed teaching involves goals that caregivers plan in advance by:
      a). planning activities which teach the goals, and
      b). grouping together as many children as possible.
   2. Active caregiving involves goals that caregivers focus on throughout the day by:
      a). capitalizing on teachable moments, and
      b). creating learning opportunities.
   3. Warning signs involve objectives in the HICOMP developmental guide that are not directly taught but indicate a problem if the skill/behavior is missing.

e. Providers will be introduced to a monthly planner and will learn how to use it.

   1. Caregivers will learn about structure, content, and rationale for the planner.
   2. Caregivers will learn how to integrate active caregiving into the daily routine.

3. Caregivers will learn about necessity of planning for directed teaching.
4. Caregivers will learn how to be more organized in their day care home.



2. Workshop Content

a. Begin workshop with introductory discussion.

1. Discuss take home activity from workshop 2.
2. Pass back study sheets from workshop 2.
3. Discuss workshop objectives.

b. Discuss development of HICOMP (Or any other 0-5 years pre-school based curriculum.)

1. What is HICOMP?
   a). HICOMP is a developmental guide designed to help the caregiver make the most of her efforts in her FDCH. HICOMP helps both the handicapped and nonhandicapped children learn and grow.
   b). HICOMP is a tool. It has been used in many different programs and has undergone several revisions. In addition, we have adapted HICOMP to best fit the family day care provider's needs and time limits.
2. What is in HICOMP? (Pass out curriculum manual.)
   a). The ELF is a checklist to help determine where each child is in the program. (Pass out ELF forms at this time.)
   b). Activity cards have over 500 different goals on them with corresponding activities. (Pass out Activity Cards at this time.)
   c). The Progress Marker is a record keeper. The caregiver places a mark on each developmental goal after the child completes goal. (Pass out Progress Markers at this time.)

3. Who is helped?
    a). Children from 0-5 years, both handicapped and nonhandicapped are helped.
    b). Caregivers are helped by becoming more organized and efficient in caregiving activities.
4. What areas are covered in HICOMP?
    a). Goals cover four main developmental areas: Communication, Own care, Motor skills, and Problem solving.
    b). Within each area there are subareas to be discussed later.

c. **Discuss how to** use the ELF in the family day care home.
    1. Why do we use the ELF?
        a). In order to use HICOMP, you will need to discover each child's ability level.
        b). The ELF is direct and easy to use.
    2. How to use the ELF (Procedure is on ELF).

d. **Explain different C. O. M. P.** areas and subareas to caregivers.
    1. Discuss subareas for each major area through use of matching tasks (see Handouts section).

e. **Discuss what is** in the Monthly Planner. (See Appendix H for specific details on how Trainers set up planner.)
    1. Discuss the content and rationale of the Monthly Planner.
    2. Discuss the structure or set up of Monthly Planner (see Handouts section for a sample monthly planner).
        a). Directed Teaching
        b). Active Caregiving
        c). Warning Signs
    3. Discuss how to use the Monthly Planner.

f. Discuss how to track progress.

1. Explain what is on the Progress Marker chart.
2. Explain how to use the chart.
3. Explain when to use the chart.

g. Review Workshop Summary and Take Home Activity for workshop 3 in the workbook (see Appendix F).

h. Pass out Study Sheet for What We Use (see Handouts section). Collect when completed, prior to leaving.

NEIGHBORCARE ADAPTATION OF HICOMP FOR FAMILY DAY CARE HOMES

HICOMP was adapted for family day care providers for several reasons. Originally, HICOMP was developed for a center-based preschool program with trained professionals. Family day care is not center-based and generally, most providers only have a high school education.

Since most family day care providers have only a high school education, we needed to take into account readability and presentation format of the curriculum. While HICOMP's format may work well with trained professionals, some changes on format and wording had to be simplified so that the providers could best utilize the curriculum. The changes included renaming of the "Assessment for Placement and Instruction" to the "Entry Level Finder", changes in format for the Activity book and Track Records, and developing a Monthly Planner incorporating HICOMP objectives and goals.

The "Assessment for Placement and Instruction" form was renamed because we found that the providers misunderstood its purpose. The API's purpose is to determine entry level ages for each developmental area in the curriculum. However, the providers approached the form more like a "test" to find out how advanced each child was. Thus, Neighborcare renamed the form to "Entry Level Finder" to best illustrate the purpose of the form.

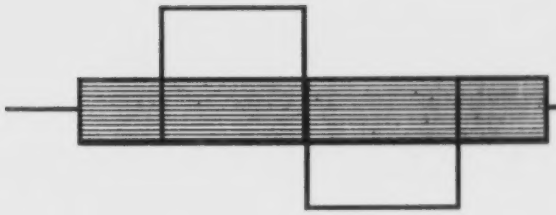
Neighborcare also discovered by trial and error that the activity book was too overwhelming for most of the providers. Instead, a card system, color coded for each developmental area, was developed for each objective with activities listed beneath the objective. Also, additional

objectives were cross-listed at the bottom of each card.

Since many objectives can be targeted through daily activities such as snack, diaper changing, group time, etcetera, Neighborcare developed a daily activities list with corresponding objectives for the providers. This list was designed to facilitate awareness of teachable moments during routine activities of the day. Many basic concepts can be emphasized daily during natural interactions between the child and caregiver.

The Monthly Planner, utilizing HICOMP objectives, individualizes the curriculum for each family day care home. HICOMP objectives were listed daily for each age range in one area. One general activity was planned for each day incorporating these objectives. Different activity books were consulted to best plan each activity (see Reference section).

The Track records were revised also. Providers confused the different tracks and frequently misplaced check marks. A simpler format, known as a Progress Marker, was designed and implemented to facilitate correct scoring.



3. Workshop Handouts

OBJECTIVES
for
WHAT WE USE

A. Concerning the HICOMP Developmental Guide, you will

1. Increase your awareness of the importance of child development principles
2. Understand the purpose of using a Developmental Guide
3. Identify examples of the four developmental areas and distinguish between the different sub-areas
4. Complete an Entry Level Finder (ELF)
5. Distinguish between active caregiving, directed teaching, and warning signs
6. Understand and be able to use a monthly planner

WORKSHOP THREE
WHAT WE USE

MATCHING SUBAREAS AND AREAS

Draw line to matching area

Area	Subarea
1. Demonstrates sense of humor	a. Language related play
2. Skips on alternating feet	b. Language responding
3. Cuts cloth with scissors	c. Health, safety, and personal cleanliness
4. Brushes teeth	d. Gross motor
5. Participates in simple group song games	e. Fine motor
6. Answers with first and last name when asked	f. Creativity

USING HICOMP IN THE FAMILY DAY CARE HOME

The Monthly Planner

Now you are ready to start using the Monthly Planner! It is important that you do the planner activities each day to measure each child's progress accurately.

Goals on the Planner are chosen from entry level ages on the API and on the Progress Markers. There are four developmental areas and 21 sub-areas in HICOMP. A goal from each area will be covered every month. There are two important reasons for choosing goals from all of the four developmental areas. First, a selection from each area encourages development in all areas. For example, over-emphasizing the pre-academic skills in the Problem Solving- Subarea: Concept Formation, doesn't allow for a "balanced diet" in all the other equally important areas of growth and development. Second, variety in a child's day can make it more stimulating and fun. The HICOMP Monthly Planner also lists activity adaptations for infants and special needs children beside each goal if necessary (and individualized for each day care home).

The goals in the Planner are categorized (but not written into the planner) as Directed Teaching and Active Caregiving. Remember that Active Caregiving goals are those goals that require no planning other than reminding yourself to focus on that particular goal each day. Active Caregiving activities will usually be goals listed that require no planning but just observation of what the child does.

On the other hand, Directed Teaching goals will need advanced

preparation, e.g., you may have to cut pictures from a magazine, and have paper, glue, and crayons ready before doing the activity.

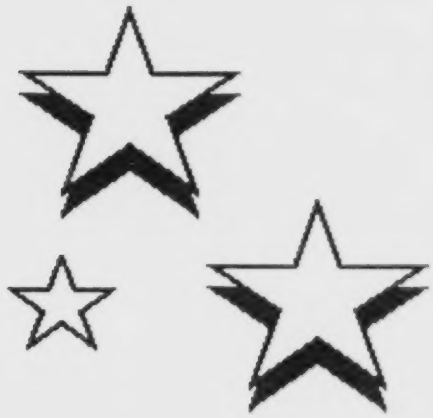
The Planner will be presented in a weekly calendar format. Please post the Planner in a place where you will be reminded of the daily goals. (For example, post it on your refrigerator.) A week by week glance at the Planner will inform you of materials that you might need. Following HICOMP goals daily will increase your awareness of each child's development and strengths and weaknesses. Also, you will probably find that your FDCH is easier to manage when you have pre-planned activities ready to go!

Recording Progress

The Track record is the HICOMP tool used to help you keep track of the children's progress. As the child reaches the developmental goals, write the date in the blank next to the goal number.

A child has reached a goal if you can answer "No" to the first three questions and "Yes" to the last question:

1. Did the child have to watch someone else first?
2. Did I have to prompt the child?
3. Did I have to give physical aid?
4. Has the child really had enough practice so that he/she can do it "by heart" in other situations, with other persons, and using different materials if necessary?



Name _____

STUDY SHEET FOR WHAT WE USE

Circle the correct answer.

1. Match the correct developmental area with each objective. Write one letter in each blank.

Objective	Developmental area
___ Washes and dries face and hands	C- Communication
___ Names a picture in response to "What's this?"	O- Own Care
___ Cuts out pictures following general shape	M- Motor
___ Groups objects in a variety of categories	P- Problem Solving

2. Write a short statement on the difference between active caregiving and directed teaching.

_____

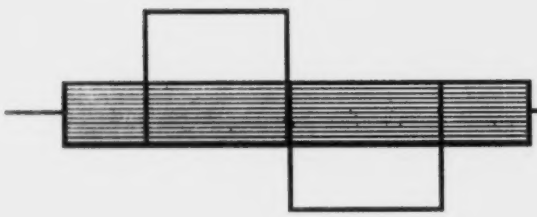
_____

_____

WORKSHOP FOUR:

How We Teach

NEIGHBOR CARE



1. Workshop Objectives

a. Providers will become familiar with the following methods for teaching and guiding to help children learn almost any skill:

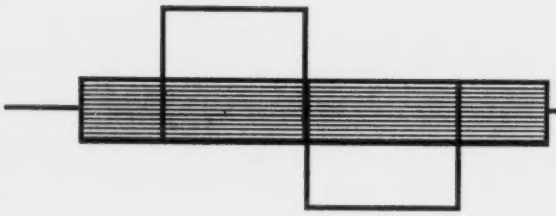
   1. Modeling
   2. Shaping
   3. Prompting
   4. Rehearsal
   5. Fading
   6. Questioning

b. Providers will learn how to divide tasks into small teaching steps.

c. Providers will learn how to make opportunities for children to increase fluency and generalization of skills they learn.

d. Providers will become familiar with the legal rights of special needs children (Education for All Handicapped Children Act of 1975; P. L. 94-142; and, P. L. 99-457).

e. Providers will learn about the main parts of an Individual Educational Plan (IEP).



2. Workshop Content

a. Begin workshop with an introductory discussion.

1. Discuss the take home activity from workshop 3.
2. Pass back study sheets from workshop 3.
3. Discuss workshop objectives.

b. Discuss the similarities and differences among the methods of teaching, training, guiding development, nurturing, and interacting.

1. All are methods of helping children develop to their full potential.
2. The focus of each method is slightly different since some require planning while some do not.
   a). Teaching requires planning and focuses more on language, reasoning, and academic skills.
   b). Training is similar to teaching but the focus is on basic life skills (e.g., brushing teeth, dressing).
   c). Guiding Development suggests that the child leads the way and that opportunities for growth and encouragement are provided.
   d). Nurturing involves love and affection given to the child to encourage a feeling of self worth, social development, and satisfactory adjustment to society.
   e). Interacting is everyday routine contact that you have with the child and involves how you respond to the child and how the child responds in return.

c. **Review the three** levels of learning.

1. Hand out copies of Levels Of Learning (see Handouts section) and review with the providers.

d. **Review the teaching** process.

1. Hand out copies of The Teaching Process (see Handouts section). Stress that teaching is a continuous process.
   a). Discuss methods used for assessing the child, including:
   - Δ Formal evaluation includes the results of testing that have been done by others.
   - Δ Consultation consists of reviewing and discussing the child's level of skill development with someone qualified to do this.
   - Δ Observation involves looking closely at the child's skills and behavior.
2. Briefly review steps 2-5 on the Teaching Process handout (Assess Task, Plan, Teach). Tell the providers that each of these steps in the teaching process will now be reviewed in greater detail.

e. **Review how to** assess the task (Task Analysis)

1. Hand out copies of Inch By Inch (see Handouts section).
   a). Review the definition of task analysis, stressing that there are two important steps in the process: dividing the task into small steps, and placing the steps in the proper order for teaching.
   b). Discuss the steps needed for doing a task analysis:
   - Δ Set the skill you want the child to learn; be specific.
   - Δ Think about the steps needed to complete the skill.
   - Δ If necessary, do the task and write down the steps.
   - Δ Make certain the steps are in the proper order.

Δ Add steps if the child is having difficulty learning the skill. Combine steps if the task seems too easy for the child.

c). Remind the providers that the child may remain at one step for a long time or skip over steps.

2. Ask the providers to complete Inch By Inch handout. Discuss their responses.
3. View and discuss the filmstrip "Small Steps" (see Reference section).

f. Plan how to teach the skill.

1. Review the importance of setting reasonable expectations for the child.
2. Discuss methods for matching the child's skill level with task difficulty by starting the child at the appropriate steps in a task.
3. Plan the activitiy to meet the needs of the child:
   - Use HICOMP to help in planning
   - Use other resources, including consultation with staff

g. Plan your teaching stategies.

1. Review helping guidelines for effective teaching and include the following points:
   a). Get the child's attention.
   b). Be matter of fact.
   c). Give only the amount of help needed.
   d). Stress the right way to do something or the correct answer.
   e). Offer help before frustration or boredom sets in.
   f). Vary teaching procedures.
   g). Reinforce frequently.
2. Hand out copies of Teaching Stategies (see Handouts section). Guide the providers through the major points on the handout. Discuss the importance of generalization.
3. Conduct "How We Teach" activity (see Handouts section).

Divide the providers into groups of two or three. Hand out one activity sheet to each group. Ask them to decide how they could use the strategies already discussed to teach children how to brush their teeth. After the groups have written down their responses in the appropriate star, ask each group to share its ideas with the other providers.

h. **Conduct a discussion** of P. L. 94-142 (Education for All Handicapped Children, 1975) and P. L. 99-457.

1. Review the forces and trends which led up to the passage of PL 94-142, (e.g., parental influences, the role of education).
2. Inform the providers that, by law, services are required for ages 3 -21, but that some states interpret this as school-aged children only.
3. Review the basic educational rights for handicapped children that the law provides.
   a). A free, appropriate education is required for all handicapped children.
   b). Placement in the "least restrictive environment" is a basic educational right for handicapped children. Hand out copies of Cascade of Services for Special Needs Children (see Handouts section). Discuss the concept of mainstreaming with the providers.
   c). Fair evaluation and placement must occur with handicapped children. Hand out copies of Evaluation/ Placement Cycle for Project Neighborcare (see Handouts section). Review the process of evaluation and placement with the providers.
   d). Necessary aids and services must be provided to meet the educational needs of the handicapped child.
4. Discuss the two safeguards in the law that protect these basic educational rights.

a). Due process includes the right to a hearing regarding the evaluation and placement process.

b). Individual Educational Plan (IEP) is an educational plan developed to meet the individual needs of handicapped children. Hand out copies of the Individual Educational Plan. Using the handout as a guide, discuss the following points:

Δ The IEP is not a contract, but a guide.

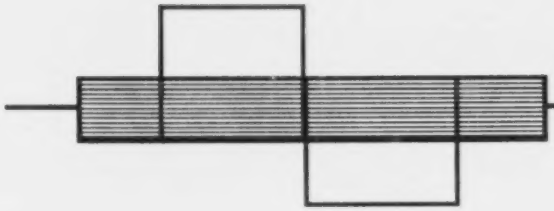
Δ Development of the IEP is a team effort, including teachers, parents, caregiver and Neighborcare staff.

Δ The IEP includes the following components: present levels of performance, annual goals, objectives, schedule for reaching the goals, and an annual case review.

i. **Review Workshop Summary** and the Take Home Activity for workshop 4 in the workbook (see Appendix F).

j. **Hand out the** Study Sheet for How We Teach (see Handouts section). Collect when completed, prior to leaving.

k. **If time permits** review handouts in the supplemental section.



3. Workshop Handouts

OBJECTIVES
for
HOW WE TEACH

A. You will become familiar with methods of teaching used to help children learn almost any skill

B. You will be able to analyze tasks and skills into small teaching steps

C. You will review the guidelines for helping children learn which will make your teaching and/or nurturing more enjoyable and effective

D. You will become familiar with the legal rights of special needs children

E. You will learn about the main parts of an Individual Educational Plan (IEP)

NEIGHBOR
CARE

Levels of Learning

1. **Frustration Level** - the expectations of the adult are so high that a child becomes anxious or discouraged due to inability to meet those expectations

   Remember: When teaching new skills, keep your expectations realistic

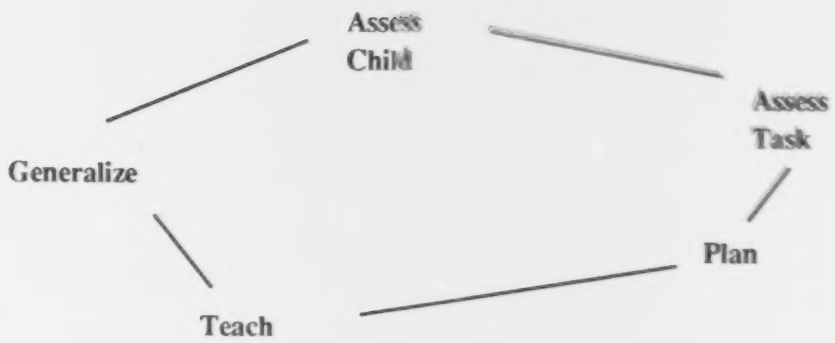
2. **Teaching Level** - a child may not know how to do the task, but is ready to do it; or a child cannot do the task independently but she can do it with help

   Remember: Focus your teaching efforts on skills at this level so that both the child and you can feel successful; move on to another skill when mastery level is reached.

3. **Mastery Level** - the child can perform the task independently

   Remember: Give children opportunities to perform skills they have already mastered.

The Teaching Process...



1. **Assess Child**
   - Formal Evaluation-
   - Consultation-
   - Observation-
     - What:
     - How often:
     - Where:
     - When:

2. **Assess Task**
   - Task Analysis-
   - Sequencing-

3. **Plan**
   - Realistic Expectations-
   - Match Child/Task-
   - Activities-

4. **Teach**
   a) Use principles of learning
      - "Behavior is controlled by its consequences. Learning depends on its outcome."
      - "Behavior problems can be prevented by setting up a positive environment."
   b) Choose teaching strategies

5. **Plan for Generalization**

INCH BY INCH

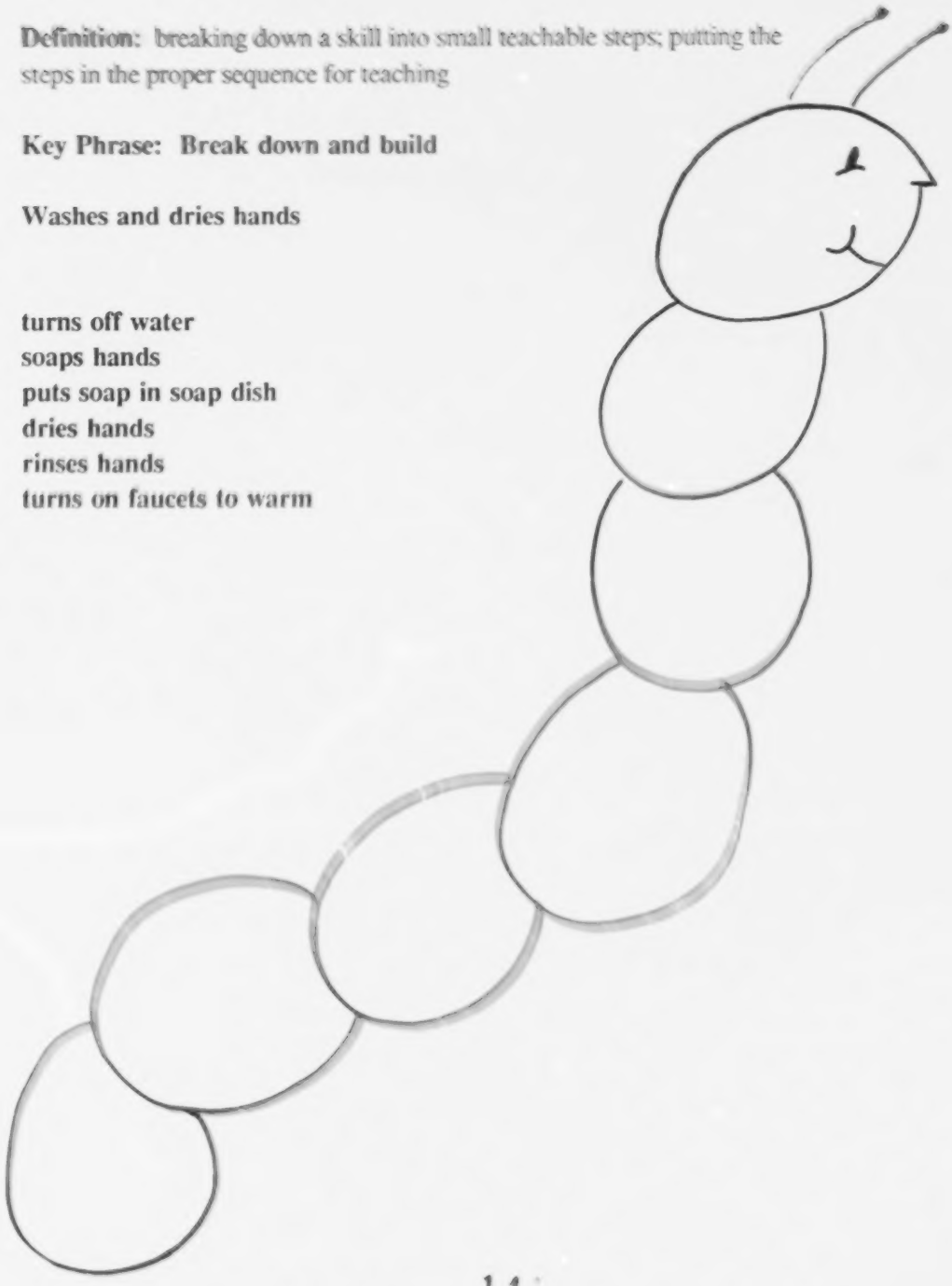
TASK ANALYSIS

Definition: breaking down a skill into small teachable steps; putting the steps in the proper sequence for teaching

Key Phrase: Break down and build

Washes and dries hands

turns off water
soaps hands
puts soap in soap dish
dries hands
rinses hands
turns on faucets to warm



Teaching Strategies

1. **Modeling-** showing a child how to behave or perform a task by having her watch someone else

   key phrase: ***"watch me"***

   Example-

   Goal: The child will interact positively with pets

   Strategy: Caregiver or another child shows the child how to feed, brush, and stroke the family pet.

TIPS:

1. Use modeling as a first step in teaching a new task.
2. The person who models the behavior should be like the child.
3. The person who models the behavior should be reinforced for doing it.
4. The child who is watching the person should see the model in a positive way.
5. Talk with the child about what she is watching.
6. The behavior that is modeled for the child should <u>not</u> be more difficult than the one the child is to do.
7. Be careful of <u>what</u> is modeled since children are great imitators!

2. **Shaping-** reinforcing small improvements until the skill or behavior has been perfected

key phrase: ***"you're getting close"***

Example-

Goal: The child will draw a circle.

Strategy: When the child can do this , gradually shape the drawing into this

TIPS:

1. Use shaping when the child is learning a new and difficult behavior, or when the child knows how to do the behavior somewhat.
2. Reinforce small improvements since it's better to over-reinforce.
3. Figure out what the child <u>can</u> do right and then add on.
4. Watch the child closely so you can determine the right steps in the shaping process.
5. Stay at each step in the shaping process as long as necessary.
6. Make sure your shaping process is very gradual.

- shaping allows the child to be successful, even when she can't accomplish the final goal right away

3. **Prompting-** signalling or cueing to help a child perform a behavior that she otherwise would not or could not do. There are three types of prompting: Visual, Physical, and Verbal

key phrase: ***"a little nudge"***

A. Visual prompting- providing something the child can see to complete an activity or perform a behavior.

Example-

Goal: The child will attend to sounds by looking in that direction for increasing lengths of time.

Strategy: Caregiver points to door, then cups fingers around her ear and says, "Listen, I think I hear the mail carrier!".

TIPS:

1. Use visual prompts for both simple and complex tasks.
2. Add something "extra" to what is to be learned in order to make it easier to recognize.
3. Tasks can be visually prompted by changing the color, texture, location, size, etc., of what is to be learned.

B. Physical prompting- physically helping the child to perform the behavior by leading the child through the activity.

Example-

Goal: The child will imitate a sequence of two simple motor behaviors, e. g., clapping hands.

Strategy: Caregiver places her hands over child's hands and claps them first above, then in front of the child's body.

TIPS:

1. Prompt only the necessary parts of the behavior (if a child can't steer a tricycle, help her steer, but don't push the tricycle also!).
2. Try to do the physical prompts from behind so that the child is looking at what is to be done, and not at the caregiver.

C. **Verbal prompting-** giving spoken directions or hints by telling the child what to do.

Example-

Goal: The child names the correct color when asked "What color is this?".

Strategy: The caregiver says, "This one is gr___!".

TIPS:

1. Use as few verbal prompts as necessary (don't under or over prompt!).
2. Make the prompts positive.
3. Use the prompts so that the child can be successful.
4. Use with other methods.
5. Fade gradually.

4. **Rehearsal-** the child practices a given task by repeating it. It can be practicing a skill or behavior before performing it in a real life situation.

key phrase: ***"practice makes perfect"***

Example-

Goal: The child will count to ten.

Strategy: The caregiver provides many sets of objects to be counted, and then has the child count aloud in various tasks.

TIPS:

1. Practice the task in a real life or make believe situation.
2. Make the repetitions as interesting as possible.
3. Try to have the child practice in a number of situations.
4. Use lots of praise.

5. **Fading-** reduce the cues you provide during an activity/task

key phrase- ***"a little less of you"***

Example-

Goal : The child recites a rhyme or song.

Strategy: The caregiver fades her voice as the child is able to recite rhymes or songs from memory.

TIPS-

1. Fade your cues very gradually.
2. Fade your reinforcement gradually (don't ever fade completely!).

6. **Questioning-** provide the child with cues by asking questions. Questioning is a special class of prompts.

key phrase- ***"Why, What, Where, How...."***

TIPS-

1. Ask questions that are open ended whenever possible. Start with the broad and become more specific.
2. Ask questions that are positive.
3. Adjust and change your questions so that the child can be successful.
4. Do one of the following correction procedures if the child doesn't know the answer to a question:
   a) Provide the child with the correct answer and ask the child to repeat it after you.
   b) Provide the child with a model or prompt for the correct answer.
   c) Correct an incorrect response. Be careful how you do this and be very positive!
   d) Make sure you stress the correct answer, not the incorrect one. If the child says that red is blue, don't say "No, it's not blue"; instead say "It's red" or "It's the same color as your ball". Modeling is also a good correction procedure.
5. Help the child before she becomes frustrated.
6. Try another correction procedure if the first method doesn't work.
7. Reinforce when the child is correct or when the child makes a reasonable attempt at the correct response.

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Parent Program. Portage,WI: Cooperative Education Service Agency 12.

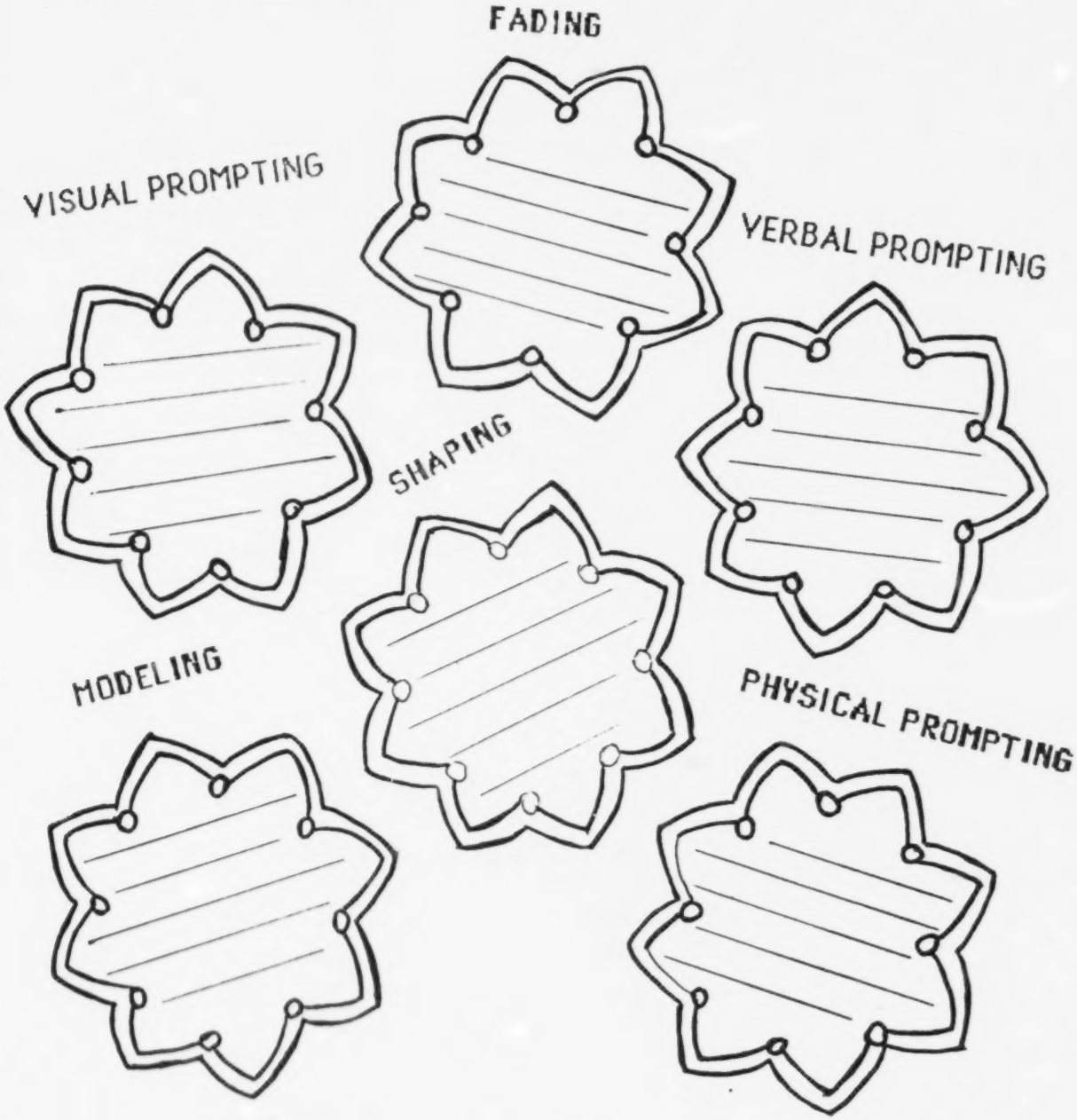
Dinkmeyer, D. & McKay, G.D. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Service.

Peters, D. L., Neisworth, J. T., & Yawkey, T. D. (1985). Early Childhood Education: From Theory to Practice. Monterey, CA: Brooks/Cole Publishing Co.

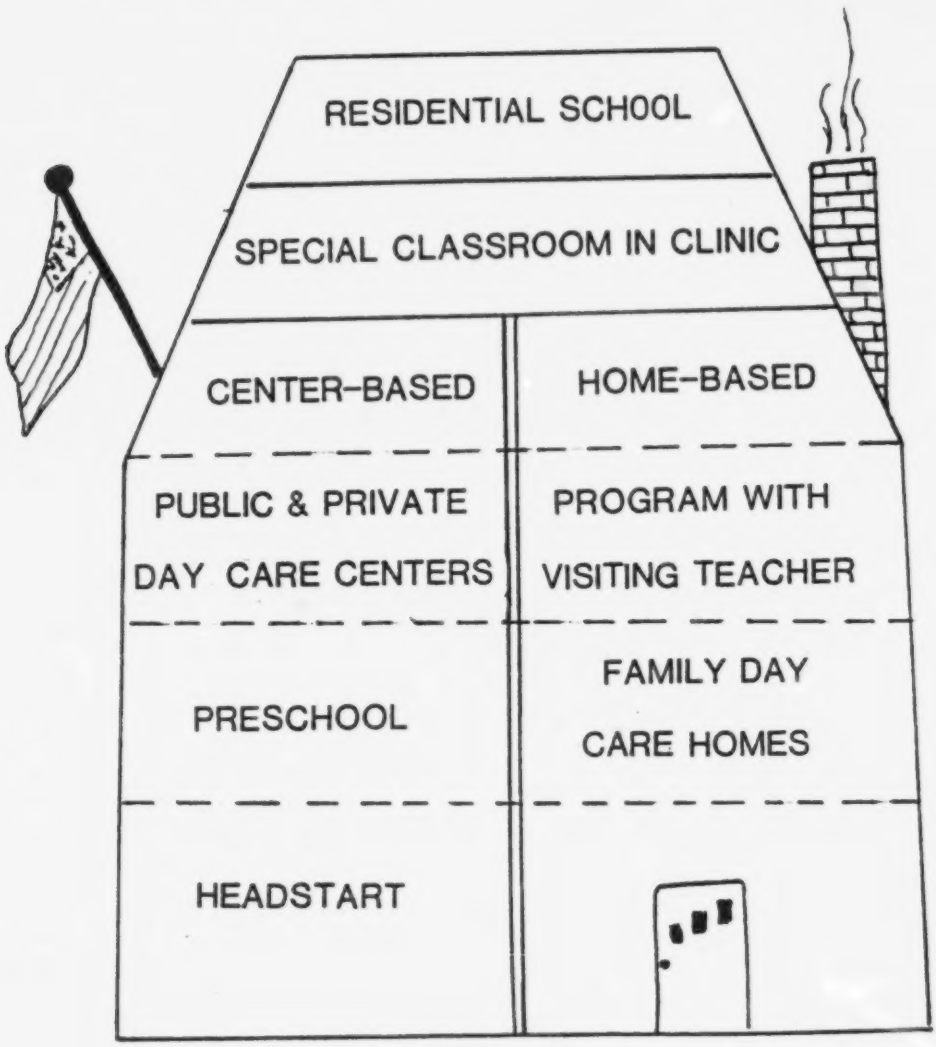
Activity: How We Teach

How are you helping children in your FDCH become stars?

Directions: Describe how you might use each of these strategies to teach a child how to brush her teeth.



CASCADE OF SERVICES FOR PRESCHOOL SPECIAL NEEDS CHILDREN



Evaluation/Placement Cycle For Project Neighborcare

Start Here

EVALUATION
Child is evaluated by a multidisciplinary team

↓

REFERRAL
Parent/Agency requests child be placed in Project Neighborcare FDCH

↓

CAREGIVER CONTACT
Project Director telephones caregiver cconcerning child's placement

↓

FDCH VISIT
Parents and child visit potential Project Neighborcare FDCH

↓

PLACEMENT DECISION
Parents, caregiver, Project Neighborcare staff agree on placement

↓

API ASSESSMENT
Caregiver administers the API

→

MONITORING
Placement is monitored for 2 months

↑

IEP DEVELOPMENT
Caregiver, parents, and Project Neighborcare staff develop IEP and distribute for signing

↑

IEP IMPLEMENTATION
IEP is implemented and monitored by parents and caregiver

↑

(one year later)

↑

IEP REVIEW
Team members hold annual IEP review

↑

ANNUAL TEAM MEETING
Annual team meeting of parents, caregiver, Project Neighborcare staff, and agency staff to determine goals/ objectives of IEP and HICOMP objectives

INDIVIDUAL EDUCATIONAL PLAN

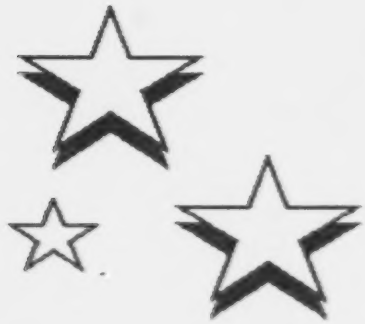
Name	B/date	Sex
Address		FDCH

Present Levels of Performance

Annual Goals

Objectives	Pre-	Post-	Add'l Services
			Signatures
			1st conf.
			Final conf.

Special Considerations



Name _____

STUDY SHEET FOR HOW WE TEACH

From the two choices, circle the correct response for each example.

1. You hold a fire drill practice once a month.
   a) shaping
   b) rehearsal

2. You hang a small poster in the bathroom with a sequence of three pictures on it. The pictures include a child flushing a toilet, and washing and drying his hands.
   a) visual prompting
   b) verbal prompting

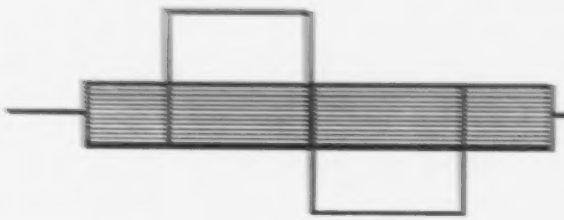
3. You have a new toy in your home. Some of the children are having difficulty using it correctly. You ask one of the older children to show the younger children how to use the toy in the right way.
   a) physical prompting
   b) modeling

4. Jamie always responds to the request, "Let's put the toys away," but tends to just throw them in the box and on the shelf. You show Jamie how to first stack the blocks, then place the big trucks on the bottom, etc. You praise each small improvement in learning to organize.
   a) fading
   b) shaping

5. Terri is a three year old with motor problems. You show her how to climb steps by placing your hands around her ankles and manually guiding her legs up the steps.
   a) modeling
   b) physical prompting

6. Joshua is a child whose behavior may be described as "clinging." Although you know he needs extra affection and security, you slowly reduce your periods of holding and cuddling over a period of three months. (Of course, you never reduce cuddling completely!)
   a) fading
   b) rehearsal

7. Jason is visually impaired and new to your home. To help him become less fearful of his new surroundings, you offer encouragement throughout the day. For example, "Only three more steps to the table!
   a) verbal prompting
   b) visual prompting



4. References

References

Bush, R. R. & Blume, S. M. (1977). Portage Parent Program. Portage, WI: Cooperative Educational Service Agency 12.

Dinkmeyer, D. & McKay, G. D. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Service.

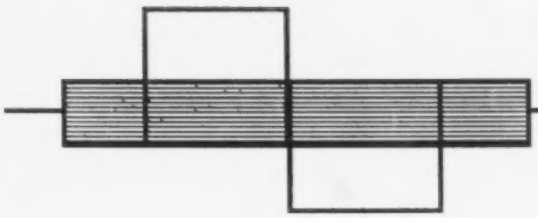
Haring, N. G. (1982). Exceptional Children and Youth: An Introduction to Special Education (3rd ed.), Columbus, OH: Charles Merrill Publishing Co.

Peters, D. L., Neisworth, J. T., & Yawkey, T. O. (1985). Early Childhood Education: From Theory to Practice. Montery, CA: Brooks/Cole Publishing Co.

WORKSHOP FIVE:

How We Guide

NEIGHBOR CARE



1. Workshop Objectives

a. Providers will learn the reasons why children misbehave.

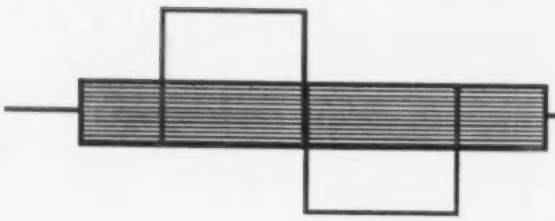
b. Providers will review methods for preventing behavior problems in their FDCHs.

c. Providers will learn how to pinpoint or target behaviors in children that need attention.

d. Providers will be given methods for strengthening children's behaviors through techniques of encouragement and positive reinforcement.

e. Providers will be given methods for weakening children's behaviors by using planned ignoring, time out, and response cost.

f. Providers will learn about the most effective methods of behavior management.



2. Workshop Content

a. Begin workshop with an introductory discussion.

1. Discuss take home activity from workshop 4.
2. Pass back study sheets from workshop 4.
3. Discuss workshop objectives.

b. Discuss the range of behaviors in children (very active, acting out, temper tantrums, withdrawal, etc.).

1. Indicate that at one time or another everyone has problems handling children's behavior, and that behavior management is an area anyone can improve upon.
2. Stress that effective behavior management is both an art and a science.
   a). As an art, some people seem able to manage children's behavior very naturally.
   b). As a science, those who work with children need to know and use the basic principles of behavior management, and the techniques that are most effective.
3. Discuss the importance of the provider understanding the purpose of a child's misbehavior, and that the provider needs to react to misbehavior accordingly.
4. Stress that even though it is important to understand and acknowledge the child's feelings and reasons for inappropriate behaviors it is also important to deal effectively with the misbehavior.

c. Review methods for preventing behavior problems in the FDCH.

1. Hand out copies of Prevention (see Handouts

section) and review with the providers.

a). Discuss handout in terms of the ABC's of behavior management (Antecedents-- Behavior-- Consequences). Ask for examples of problem behaviors from the providers and analyze according to the ABCs of behavior management.

b). Review the importance of establishing a positive relationship with the children in the day care home.

d. **Hand out copies** of Guided Discussion for Targeting the Behavior (see Handouts section) and review it with the providers.

1. Stress the following points for targeting behaviors appropriately:

a). Providers need to understand their own feelings about behaviors that they find unacceptable (e.g., different levels of tolerance).

b). Child needs to learn that what is appropriate behavior depends on the situation and the people involved.

c). Providers need to think about what will benefit the child.

d). Providers need to work with parents to ensure consistency for the child.

2. Ask the providers to give an example of a "typical" behavior they would like to see changed in their FDCH. Using this example, guide the providers through targeting the behavior.

e. **Ask the providers** to complete the "Replace Your Idle Threats" activity (see Handouts section). Discuss their responses and methods for turning idle threats into more positive statements.

f. **Hand out copies** of Methods for Strengthening and

Weakening Behaviors (see Handouts section) and review briefly the steps on each ladder.

1. Tell providers that the goals of behavior management are to strengthen and/or weaken behaviors.
2. Indicate that the top of each ladder is the place to start in working with behavior problems, but that sometimes after many things have been tried, it is necessary to move down the ladder. Stress that this should be done carefully and with appropriate consultation.

g. **Hand out copies** of Tips For Strengthening Behavior Through Encouragement and Tips For Strengthening Behavior Through Positive Reinforcement (see Handouts section). Discuss and review the handouts with the providers.

1. Stress that encouragement is a method of positive reinforcement and that if possible it is better to use milder forms of reinforcement such as encouragement.
2. Hand out copies of Social Reinforcers (see Handouts section). Tell the providers that it is better to try social reinforcers and activities before using tokens and food.

h. **Hand out copies** of Guidelines for Decreasing Behaviors (see Handouts section) and review with the providers.

1. Review and discuss Tips for Weakening Behaviors Through Logical Consequences.
2. Review and discuss Tips for Weakening Behaviors Through Planned Ignoring (see Handouts section).
3. Review and discuss Tips for Weakening Behaviors Through Response Cost (see Handouts section).
4. Review and discuss Tips for Weakening Behaviors Through Time Out (see Handouts section).

i. **Select one or two** of the following filmstrips to view and discuss (see Resources section: Portage Project series):

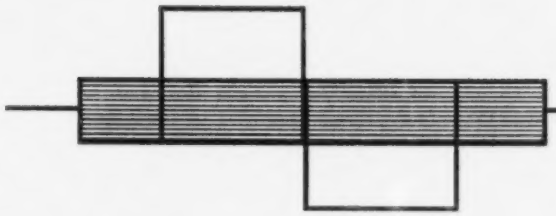
1. How To Weaken Misbehavior
2. Time Out

3. Response Cost

j. **Review Workshop Summary** and Take Home Activity in the workbook (see Appendix F).

k. **Hand out the** Study Sheet for How We Guide (see Handouts section). Have caregivers complete and return the study sheet before leaving.

l. **If time permits** review handouts in the supplemental section.



3. Workshop Handouts

OBJECTIVES
for
HOW WE GUIDE

A. Providers will learn the reasons why children misbehave

B. Providers will review methods for preventing behavior problems in their FDCHs

C. Providers will learn how to pinpoint or target behaviors in children which need attention

D. Providers will be given methods for strengthening children's behaviors through techniques of encouragement and positive reinforcement

E. Providers will learn about the most effective methods of reinforcement

F. Providers will be given methods for weakening children's behaviors by using planned ignoring, time out, and response cost

NEIGHBOR CARE

PREVENTION OF MISBEHAVIOR

1) Know Your Children

- Observe behaviors and consequences
- Adapt your methods to the needs of each child

2) Know Yourself

- Observe your reactions
- Be aware of your feelings
- Keep your cool

3) Develop Positive Relationships

- Show respect and affection
- Have fun with the children
- Give a lot of support and encouragement

4) Plan Your Environment

- Plan well organized space
- Have inviting furnishings
- Have well defined traffic patterns
- Have some structure in your daily routine
- Encourage smooth transitions

5) Use Good Teaching Methods

- Be prepared/plan ahead
- Use "teachable moments"
- Be consistent
- Use logical, positive consequences
- Use proven teaching strategies e. g., prompting, shaping, rehearsing, modeling
- Mean what you say/follow through
- Have a few reasonable rules

References

Boyd, R. D. & Bluma, S. M. (1977). Portage Parent Program, Portage, WI: Cooperative Education Service Agency 12.

Dinkmeyer, D. & McKay, G. (1982). Systematic Training For Effective Parenting, Circle Pines, MN: American Guidance Services.

Guided Discussion For

TARGETING The Behavior

1. Pick a problem behavior which seems to interfere with some area of deveopment.

   _____

   _____

2. Pick a problem behavior which can be eliminated fairly easily in a short time period, such as two weeks.

   _____

   _____

3. Break the problem behavior down into smaller behaviors. Be specific!

   - WHEN DOES IT OCCUR?
   - WHAT IS THE CHILD ACTUALLY DOING?
   - THINK ABOUT THE ABCs OF BEHAVIOR MANAGEMENT

   _____

   _____

4. Think of an acceptable behavior which can replace the problem behavior.

   _____

   _____

Activity

Replace Your Idle Threats!

Directions: Change each of these threats into a positive statement. Indicate the behavior the child is to perform.

"If you don't mind me, I'm going to tell your mother when she gets here."

_____

_____

"If you can't be nice to the other kids, you aren't going to watch cartoons today."

_____

_____

"If you don't get these toys picked up, we won't have snack!"

_____

_____

"If you don't stop hitting Sally, you won't be able to play with the other children."

_____

_____

"If you don't stop crying, you won't get a new toy."

_____

_____

"If you don't do this right, you'll just have to do it again."

_____

_____

"If you don't cooperate, you won't get to go outside to play."

_____

_____

"If you don't take your bath, you won't get to watch T.V. tonight."

_____

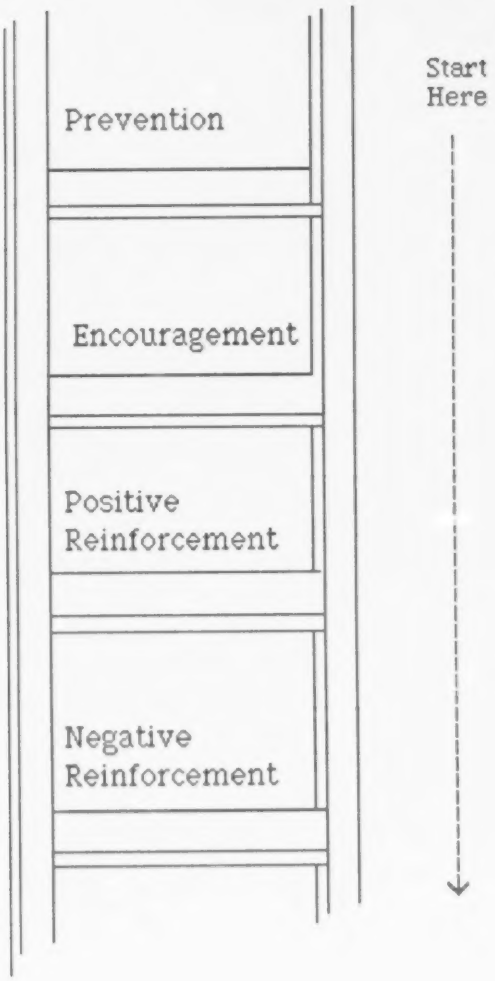
_____

"If you don't take out the garbage right now, you won't be able to have Sam come over to play."

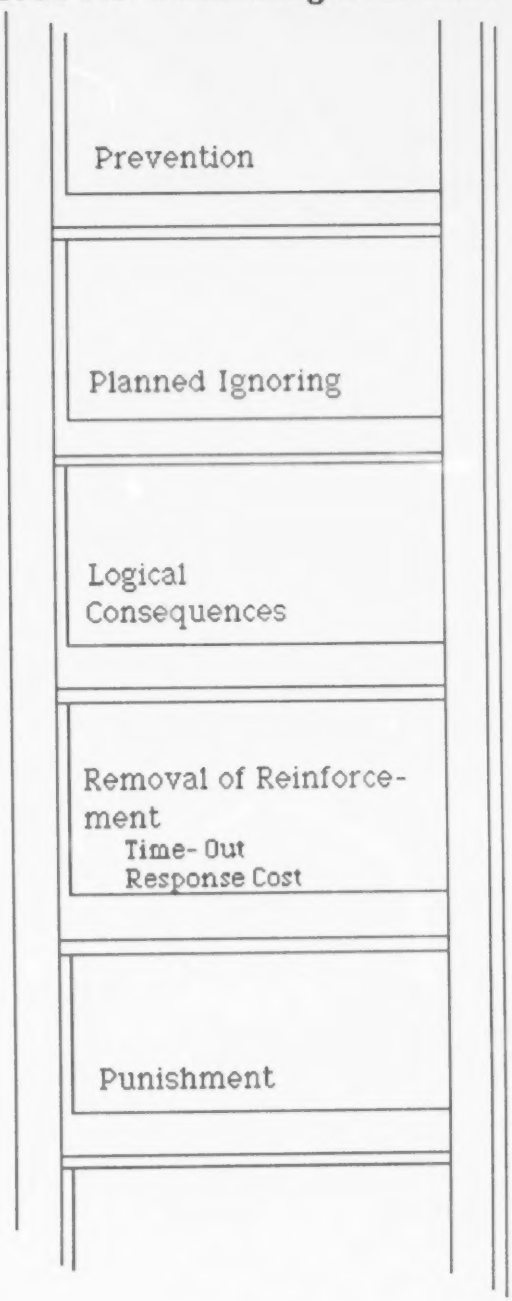
_____

_____

Methods for Strengthening Behaviors



Methods for Weakening Behaviors



Tips for Strengthening Behavior Through ENCOURAGEMENT

Definition- A mild form of reinforcement

Tips:

- ◊ Use encouragement before trying other methods of changing behaviors.
- ◊ Encouragement should be used frequently.
- ◊ Different children will need different amounts of encouragement.
- ◊ Give just the right amount of encouragement so that the child can feel successful.
- ◊ Some children respond better to mild encouragement than to reinforcement.
- ◊ Help the child learn to encourage himself.
- ◊ The right amount of encouragement will help the child develop a positive self-concept.

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Parent Program. Portage, WI: Cooperative Education Service Agency 12.

Dinkmeyer, D. & McKay G. D. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Service.

Tips for Strengthening Behavior Through POSITIVE REINFORCEMENT

Definition: Positive Reinforcement is giving something pleasant; reinforcement can include social, activities, tokens, and food.

◊ Reinforcement is important for learning and maintaining behavior

◊ Adapt reinforcement to the child's needs

◊ Reinforcement should always outweigh more negative methods of changing behavior

◊ Whenever possible make reinforcement logical

◊ Observe the child to find reinforcers that work- "different strokes for different folks"

◊ Use lots of reinforcement at first and gradually fade the reinforcement. Never fade completely!

◊ Social reinforcement (instead of activities, tokens, or food) should be used whenever possible

◊ Give reinforcers immediately

◊ Schedule reinforcement appropriately

◊ Help children to reinforce themselves

SOCIAL REINFORCERS

PRAISING WORDS AND PHRASES

What neat work.

Wow!

Terrific!

Beautiful.

Sharp.

Super!

That's great.

Much better.

Good job.

For sure!

That's clever.

Very creative.

Very interesting.

Good thinking!

Exactly right.

Superior work.

Nice going.

Far out!

That's really nice.

Keep it up!

Out of sight!

Thank you very much.

That's quite an improvement.

I appreciate your help.

My goodness, how impressive!

_____ is paying attention.

_____ is working quietly.

That's the right way.

You've got it now.

That's coming along nicely.

You make it look easy.

Now you've got the hang of it.

Now you've figured it out.

_____ is really going to town.

I like the way _____ has settled down.

Very good. Why don't you show ___?

You're on the right track now.

You really outdid yourself today.

I'm very proud of the way you worked.

EXPRESSIONS	Smiling	Looking interested
	Winking	Laughing
	Nodding up and down	
	Clapping	
NEARNESS	Walking together	
	Sitting together	
	Eating together	
	Playing games	
	Talking and listening to each other	
PHYSICAL CONTACT	Touching	Hugging
	Shaking hand	Stroking arm
	Holding hand	Tickling chin
	Sitting in lap	

GUIDELINES FOR DECREASING BEHAVIORS

◊ When possible, turn your directions into the positive so you can reinforce the child for appropriate behavior (see the activity "Replace Your Idle Threats").

◊ Always be able to follow through on what you say. Be consistent.

◊ Look for small improvements and reinforce those.

◊ If you can, ignore inappropriate behaviors (e. g., extinction).

◊ Use consequences that are logical and immediate.

◊ When possible, give your child choices that both of you can live with.

◊ Tell the child what you want him to do when a choice is not intended, e. g., "I want you to stop that", not "Will you stop that".

◊ Plan ahead so that you can "act" rather than "react" to inappropriate behaviors.

◊ Sometimes do the "unexpected".

◊ Use stronger methods when other methods, (e. g., ignoring), haven't worked.

◊ Methods for decreasing behaviors tell the child what not to do, so you need to also teach the child what to do.

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Parent Portage Program. Portage, WI: Cooperative Education Agency 12.

Dinkmeyer, D. & McKay, G. D. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Services.

Tips for Weakening Behaviors Through LOGICAL CONSEQUENCES

- Δ Use logical consequences combined with encouragement and reinforcement
- Δ Use logical consequences before trying stronger methods for decreasing behaviors (e. g., time out, response cost)
- Δ Remain calm and give choices to the child. Be willing to accept the child's decision
- Δ Before deciding upon the consequence, decide who "owns" the problem
- Δ Be prepared to carry through on the consequence even though may be difficult
- Δ Make certain that the child understands what is expected and can perform the appropriate behavior

EXAMPLES

Behavior	Possible Logical Consequence
Child always leaves bike in the driveway	Child is not allowed to use bike for short period of time
Child has difficulty sharing a toy	Remove toy briefly
Child refuses to eat dinner	Child does not snack until the next meal
Child throws dirty clothes on the floor	Clothes "disappear" or do not get washed immediately

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Parent Program. Portage, WI: Cooperative Education Service Agency12.

Dinkmeyer, D. & McKay, G. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Services.

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Tips for Weakening Behaviors Through PLANNED IGNORING (Extinction)

Δ When possible use planned ignoring of misbehavior before you try stronger methods (i.e., time out and response cost).

Δ Use planned ignoring for milder forms of misbehavior. (It is inappropriate for destructive or violent behavior).

Δ Make sure you know exactly which behaviors you plan to ignore.

Δ Be very consistent with your ignoring.

Ó Ignoring must consist of no eye contact, communication or attention.

Δ The ignored behavior may get worse before it gets better. This is probably a good sign!

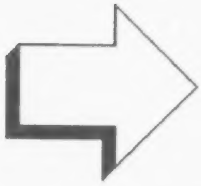
Δ You may have to instruct the other children to ignore the behavior.

Δ Balance your ignoring with positive reinforcement for appropriate behaviors.

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Parent Program. Portage, WI: Cooperative Education Service Agency.

Dinkmeyer, D. & McKay, G. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Services.



Weakening Behaviors Through RESPONSE COST

Definition- Response cost means "fining" a child for misbehavior by removing a reinforcing object or event. Response cost can be a "one shot" situation, or a planned program.

Tips for using response cost:

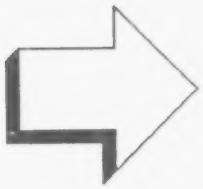
- Use response cost after you have tried other methods.
- You must be in a position to easily remove a reinforcer from the child.
- The child must be capable of the desired behavior.
- Briefly explain to the child what you are doing.
- The "fine" you use must be reasonable and logical.
- Using response cost teaches the child what not to do, so you need to teach the child what to do using more positive methods.

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Project Parent Program. Cooperative Education Service Agency 12.

Dinkmeyer, D. & McKay, G. D. (1982). Systematic Training For Effective Parenting. Circle Pines, MN: American Guidance Service.

Lille, D. & Cryer, D. (1985). Family Day Care. Chapel Hill, NC: University of North Carolina Press.



Weakening Behaviors Through TIME OUT

Definition- "Time out" is removing the child from the situation in which he is receiving reinforcement for misbehaving.

Two methods of time out:

1. Adult can remove the child from the reinforcing situation and place him in an isolated area.

2. Adults can remove themselves from the child when he is misbehaving. This is a more drastic method than removing the child from the situation.

USE SPARINGLY

Tips for using time out (removing the child from the reinforcing situation):

- Use time out **only** after you have tried more positive methods.

- Let the parents know that you are using time out!

- Set up the time out procedure with someone's help.

- Prior to using time out, explain to the child what it is and what behaviors will result in time out.

- The time out area should be a fairly isolated area.

- Make the time out immediate, i. e., as soon as the child starts to perform the inappropriate behavior.

- Give a short, matter-of-fact statement describing what he did and then tell the child to take a time out.

- The time out should be short (2-5 minutes) to allow the child to come back into the situation, behave appropriately, and get reinforced.

- If the child continues to misbehave during time out, extend the normal time out until a couple of minutes after he has quieted down. This way you won't be reinforcing misbehavior.

- When you start to use time out, be prepared to see an increase in misbehavior before it starts to decrease.

- If you use time out, you need to also teach the child how to behave using more positive methods.

References

Boyd, R. D., Stauber, K. A., & Bluma, S. M. (1977). Portage Parent Program, Portage, WI: Cooperative Education Service Agency 12.

Dinkmeyer, D. & McKay, G. D. (1982). Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Service.

Lille, D. & Cryer, D. (1985). Family Day Care. Chapel Hill, NC: University of North Carolina.

Name _____

STUDY SHEET FOR HOW WE GUIDE

1. True or False. When you pinpoint or target a behavior problem, it is a good idea to pick one which will take about six months to change.

2. Giving in to a whining child is reinforcing to the child (attention from adult). In this case, the child's whining behavior is likely

   a. to increase.
   b. to stay the same.
   c. to decrease.

3. Which one is incorrect? Positive reinforcement for good behavior or work

   a. gives the child a sense of self-worth.
   b. may spoil the child.
   c. is a stepping stone to self-reinforcement.
   d. encourages independence.

4. True or False. When you use "time out" or "response cost", you are teaching the child how to behave appropriately.

5. When a child has a behavior problem, and you decide time out may be the most effective type of intervention, what is one of the most important factors to its success?

   a. keeping your voice loving and gentle
   b. reacting immediately after the child has misbehaved
   c. giving the child a lecture about what he did wrong

6. In the case of a mild behavior problem, what is usually one of the first intervention techniques to try?

   a. spanking
   b. losing a privilege
   c. planned ignoring

7. Carrie the Caregiver had a rule that everyone had to take three bites of everything on their plate in order to earn dessert. Peter the Picky Eater played with his food and said he didn't feel good. After nap time, Peter complained that he was hungry. Carrie let him eat his dessert of pudding. What did Carrie do wrong?

   a. She spoiled Peter by giving him a reward when he didn't really earn it.
   b. She didn't enforce the rules.
   c. She was not consistent in handling problem behaviors.
   d. All of the above.

Supplemental Handouts

Why Do Children Misbehave?

It is important to look at the purpose of the child's misbehavior. In order to figure out the goal or purpose, you need to look at or observe two things:

1. Observe your own reaction to the child's misbehavior. Your feelings point to the child's goals.
2. Observe the child's response to your attempts at correction. The child's response to your behavior will also let you know what the child wants.

1. **LACK OF EXPERIENCE-** The child may not be aware of appropriate behaviors or have the verbal skills to express their feelings.
   a. General Approach:
      1). Take the time to teach (through modeling, prompting, shaping) the child the appropriate behavior.
      2). Be careful not to expect too much at once.
      3). Be careful not to reinforce the child for inappropriate behavior.
      4). Reinforce the child when he attempts to behave appropriately.

   b. Your Reaction:
      1). You may think that the child is being "cute" and accidentally encourage the misbehavior.
      2). You may feel impatient if the child does not learn the appropriate behavior as rapidly as you'd like.

2. **FRUSTRATION-** The child may be frustrated because expectations are too high. You may see angry outbursts from the child, particularly when you ask him to do something.
   a. General Approach:
      1). Make certain that your expectations of the child meet the needs of the child.
      2). Lower your expectations and adapt your teaching strategies to meet the child's needs.
      3). Deal with the misbehavior and acknowledge the child's feelings.

b. Your Reaction:

1). You may feel baffled because the child's outbursts don't always seem to make sense.

2). You may feel frustrated and ready to "lose your cool."

3). You may feel sorry for the child and accidentally reinforce the angry outbursts.

3. **ATTENTION-** A child will attract negative attention rather than be ignored.

a. General Approach:

1). Attend to positive behaviors and when possible, ignore negative behaviors.

2). Give the child positive attention before he misbehaves and when he behaves appropriately.

3). Reinforce independent behaviors.

b. Your Reaction:

1). You may feel that the child demands too much of your time.

2). You may feel like you'd like to avoid the child because he is so demanding.

3). You may feel like you want to ignore the child when he is behaving.

4. **POWER-** The child refuses to comply and demands to do only what he wants to do.

a. General Approach:

1). Don't get into a power struggle or get angry with the child.

2). It is very important to stay calm and to follow through on logical consequences.

3). Always reinforce positive behaviors.

b. Your Reaction:

1). You may feel angry and provoked.

2). You may feel that the child wants to "get you."

"INGREDIENTS" NEEDED IN ANY RELATIONSHIP

No behavior management techniques will be effective unless four basic ingredients are present.

For every child, measure out large amounts of ...

1. **HONESTY AND RESPECT** -
   - ◊ respect is earned and comes from showing respect to others
   - ◊ avoid shaming and/or embarassing your day care children
   - ◊ be honest with what you tell and show your daycare children
   - ◊ how you treat children will come back to you

To this add plenty of ...

2. **SUPPORT AND ENCOURAGEMENT** -
   - ◊ give the right amount of help and support so that the children can become independent
   - ◊ encouragement needs to be frequent so that children can feel successful

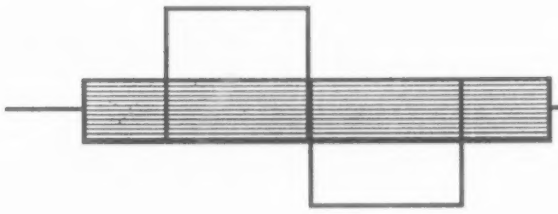
Season your ingredients by ...

3. **SHOWING AFFECTION** -
   - ◊ tell children they're special
   - ◊ show children they're special, e. g., hug them, or pat their heads

and ...

4. **ENJOYING THE CHILDREN** -
   - ◊ do things you all enjoy
   - ◊ try to give each child his special time
   - ◊ have fun with the children

Mix all ingredients and serve on a regular basis!



4. References

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Boyd, R. R. & Bluma, S. M. (1977). Portage Parent Program. Portage, WI: Cooperative Educational Service Agency 12.

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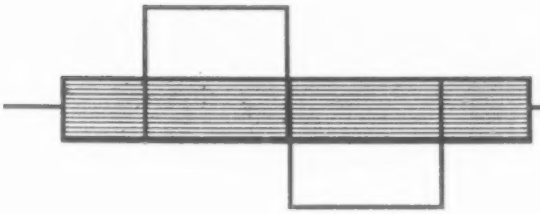
Yule, W. & Carr, J. (Eds.). (1980). Behavior Modification For The Mentally Handicapped. Baltimore: University Park Press.

WORKSHOP SIX:

How We Help

NEIGHBOR CARE



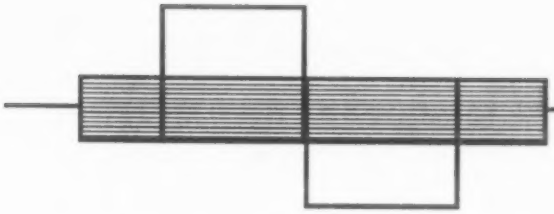
1. Workshop Objectives

a. Providers will be made aware of common reactions of families with handicapped children.

b. Providers will discuss the common behaviors of families with handicapped children.

c. Providers will list appropriate responses to parents displaying different behaviors.

d. Providers will be aware of their responsibilities toward parents as participants in Project Neighborcare.



2. Workshop Content

a. **Begin workshop with** an introductory discussion.

1. Discuss take home activity from workshop 5.
2. Pass back study sheets from workshop 5.
3. Review workshop objectives.
4. Discuss the concept of normalization with the providers.
   a). Handicapped and nonhandicapped children are more alike than they are different.
   b). Parents of handicapped and nonhandicapped children often have similar frustrations and positive experiences, e.g., watching their child learn to walk.
5. Discuss the importance of realistic expectations for the child.

b. **Introduce invited panel** of parents of a handicapped child and pass out discussion questions (see Handouts section).

1. In an earlier workshop, questions for the panel should be solicited from the Project Neighborcare staff and from the FDCH providers.
2. The list of questions can be given to the panel members prior to their visit.
3. Encourage information sharing and interaction between parents and providers.

c. **After parent panel** leaves, discuss common behaviors of parents with special needs children.

1. Hand out copies of Common Behaviors of Parents with

Special Needs Children (see Handouts section). Guide the providers through the handout emphasizing the following points:

a). Not all family members react to having a handicapped child in the same way.

b). Family members exhibit different behaviors and display different emotions at different times, sometimes "going back" to previous behaviors and emotions.

d. **Discuss how parents** are involved in Project Neighborcare.

1. Review responsibilities of staff:

a). Parents contact Neighborcare for placement of their child.

b). Parents make site visits with Neighborcare staff and choose a FDCH best suited for the child.

c). Parents fill out needs assessment.

d). If necessary, we will conduct workshops, or provide reading materials, and/or consult with the parents.

2. Discuss responsibilities of providers:

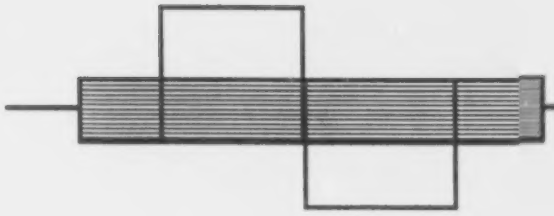
a). Caregivers will inform parents of children's progress.

b). Caregivers will help to provide continuity between the children's home settings and the FDCHs.

c). Caregivers will remember multiple commitments of parents.

e. **Review Workshop Summary** and Take Home Activity in the workbook (see Appendix F).

f. **Hand out the** Study Sheet for How We Help (see Handouts section). Have caregivers finish and hand in before leaving.



3. Workshop Handouts

OBJECTIVES
for
HOW WE HELP

A. **Concerning parents of special needs children, you will**
   1. Understand common behaviors of families with handicapped children
   2. List appropriate responses to parents displaying different behaviors

B. **You will respond to possible questions from children and from parents of nonhandicapped children**

C. **You will understand responsibilities (Project Neighborcare staff's and FDCH providers') to parents**

NEIGHBOR CARE

DISCUSSION QUESTIONS FOR PARENT PANEL

1) How were you told, or how did you first learn that your child was handicapped?
   - o What were your feelings and reactions when you found out your child was handicapped?

2) How helpful were others in helping you deal with the handicap?
   - o Did you go to a support group? Which one?
   - o Have you met with a lot of opposition in day care settings? (if applicable)

3) How did your child's handicap affect your family and personal life?
   - o Did you and your spouse react differently to the news of the handicap?
   - o Are you able to have time by yourself?
   - o What's the financial strain of having a special needs child?
   - o If you work outside the home, do you feel guilty being away from your child?
   - o How much time do you work with your special needs child?
   - o How much time do you allow your child to try new things?
   - o What is your child's routine?

4) How should other children/parents be told about your child's handicap?
   - o How do you feel about others being told?
   - o How do you handle telling nonhandicapped children and siblings?

5) What do you expect from a family day care home?
   - o How could child care providers help your child (and you) adjust better?
   - o How do you communicate childrearing preferences to caregivers/ teachers?
   - o How do you want providers to work on particular therapy goals?
   - o What have been your biggest problems with teachers/caregivers?
   - o What have been your biggest problems with other professionals/ service agencies?

6) What advice do you have in working with parents of handicapped children?

COMMON BEHAVIORS OF PARENTS WITH SPECIAL NEEDS CHILDREN

Common Behavior	Parents' Feelings/Actions	Caregiver Responses
Shock, disbelief, denial	o Shame, guilt, unworthiness	o Listen with acceptance
	o Overcompensate by intensive training	o Explain that the feelings are normal
	o "Doctor hopping" or going to many different doctors to find what parent wants to hear	o Focus on working together for the good of the child
	o Deny the handicapping conditions- pretend the handicap is not there	o Gently direct parents to sources of information
Anger and resentment	o Anger, resentment, rage, envy	o Listen with acceptance
	o Abusive to teachers and other professionals	o Explain that the feelings are normal
		o Gently direct parents to sources of information
		o Point out resources the parents have within themselves
Bargaining	o Postpone acceptance of child's handicapping condition	o Listen with acceptance
	o Work hard with the child	o Explain that the feelings are normal
		o Show caring

Common Behavior	Parents' Feelings/Actions	Caregiver Responses
Depression and discouragement	o Helplessness, hopelessness o Mourn the loss of image of "normal" child o May be more open to suggestions for helping the child	o Listen with acceptance o Explain that the feelings are normal o Avoid criticism and/or too much praise o May need to refer parents to professional counseling, to parent support groups, and/or other local resources
Acceptance/ adjustment	o Recognize needs of child o Realize something positive can be done o Adjust lifestyle o Learn new knowledge and techniques	o Teach new training techniques o Praise for progress o Encourage realistic expectations

References

Allen, D.A. and Afflech, G. (1985). Are We Stereotyping Parents? A Postscript To Blacher. Mental Retardation (23), 200-202.

Blacher, J. (1984). Sequential Stages Of Parental Adjustment To The Birth Of A Child With Handicaps: Fact Or Artifact? Mental Retardation (22), 55-68.

Cansler, D.P., Martin, G.H., Valand, M.C. (1985). Working With Families: A Manual For Early Childhood Programs Serving Handicapped Children. Chapel Hill, NC: Kaplan Press.

Cook, R. E. and Armbruster, V.B. (1983). Adapting Early Childhood Curricula: Suggestions For Meeting Special Needs. St. Louis: The C.V. Mosby Company.

McCarthy, J.M., Lund, K.A., and Bos, C.S. (1986). Parent Involvement And Home Teaching, Book Nine- ABACUS Curriculum For Young Children With Special Needs. Denver: Love Publishing Company.

Name _____

STUDY SHEET FOR HOW WE HELP

Circle the correct answer for each sentence.

True False 1. All parents react to having a handicapped child in the same way.

True False 2. All parents go through the same stages in the same order when dealing with a handicapped child.

True False 3. All family members handle having a handicapped family member in the same way.

True False 4. All families with handicapped children are very different from other families.

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Section Four:

Resources

NEIGHBOR
CARE

OTHER RESOURCES

Audio-Visual Resources

All Day Long Videotape (about "reality of day care) from:
Guidance Associates
Communications Park Box 3000
Mount Kisco, NY 10549-0900
800-431-1242

Child Development: The Pre-school Years. Sound Filmstips (2 Parts)
Guidance Associates.

Day Care Environment (filmstrip) Toys n' Things Press. A division of:
Resources for Child Caring, Inc.
906 N. Dale Street
St. Paul, MN 55103

Trouble and Triumphs at Home. (Sound Filmstrips).
High Scope Education Research
Foundation 600 N. River St.
Ypsilanti, MI 48197

Inviting Spaces (filmstrip) Toys n' Things Press.

Portage Parent Program Filmstrip Series (1984).
Set 1: Managing Behavior.
Set II: What to Teach.
Portage, WI: Cooperative Education Service Agency 12.

Skills for Parents (How parents help children learn).
Sound Filmstrips- 3 parts. Guidance Associates.

"Working in Day Care" Sound Filmstrip available from:
Career Aids, Inc.
20417 Nordhoff Street Dept# 987
Chatsworth, CA 91311
818-341-8200

Caregiver Information

A Manual for Day Care Providers- A Practical Guide to Family Home Day Care.

Spoonful of Lovin' Project.
Agency for Instructional Television
Box A
Bloomington, IN 47402

Baker, B.L.; Brightman, A. J.; Blacher, J. (1983).
Play Skills: A Skills Training Series for Children with Special Needs.
Champaign, IL: Research Press.

Bank Street Family Day Care Cassettes: Health and Safety.
College of Education.
The Media Group
610 Band Street
New York, New York 10025
212-663-7200

Business Ideas for Family Day Care Providers. A Basic Guide to Record Keeping and Taxes. Toys n' things Press. A division of:
Resources for Child Caring, Inc.
906 North Dale Street
St. Paul, MN: 55103

Calendar Keeper. A Record Keeping System for Child Care Providers.
Toys n' Things Press.

Day Care, Families, and Stress- A Day Care Provider's Guide.
Texas Department of Human Resources.
Child Development Program Division
Texas Department of Human Resources
P.O. Bos 2960
Austin, Texas 78769

Infectious Diseases in Child Care: Information for Day Care Directors and Parents and Guardians.

St. Paul Division of Public Health
555 Cedar Street
St. Paul, MN: 55101
612-292-7704

Sharing in the Caring- Family Day Care Parent- Providers Agreement Packet by Toys n' Things Press.

Teachables from Trashables- Homemade Toys that Teach. Toys n' Things Press.

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Section Five:

Appendices

NEIGHBOR CARE

Appendix A

Appendix A
HICOMP Planner Preparation

Every planner consists of four parts:

1. Neighborcare News - Update for caregivers on what is new with each other (e.g. children placed, interesting field trips, IMP goals obtained) and an introduction of the monthly theme.

2. List of objectives to be focused on for the month

3. Calendar of daily activities into which the objectives are incorporated (cross-listed with objectives and equipment needed).

4. Supplementary materials needed: songs, finger plays, recipes, core vocabulary, etc.

The most difficult aspect of preparing the planner is selecting objectives that meet the individual needs of children without preparing separate planners for each child in each family day care home. Selecting objectives for caregivers to target is also complicated by the fact that HICOMP objectives vary in their adaptability to or need for planned group or individual activities. Some of the objectives are developmental milestones that mark typical development but are not usually taught to children either formally or informally (e.g.' ability to roll the tongue). We call these objectives "warning signs" (since that is what it is if a child had difficulty with one of them). Other objectives can easily be worked on during daily routines and conversations and do not NECESSARILY warrant planned activities. These are called "active caregiving." Objectives that truly require planned activities for children to accomplish them are called "directed teaching" objectives. It is the "active caregiving" and "directed teaching" objectives that are selected for the planner. A five-step process is involved in incorporating these objectives into the monthly planner.

1. Children's progress markers are retrieved from the caregivers and examined carefully to determine where the children are developmentally with respect to the HICOMP objectives.

2. One objective from each developmental domain (except motor where a fine and gross motor objective are selected) for each age level is selected for a total of five for years zero to five and a grand total of 25. Objectives

are selected that are related and that move the children to a higher level in each developmental domain. In addition, objectives are selected from different subdomains each month so that all areas of development within each domain are focused upon over time.

3. A theme for each month is selected as a way to provide structure and coherence to the planner. Each week of the month, a different aspect of the theme is emphasized. For example, if the theme were "nature," one week the focus might be on plants and another week on animals, etc. A general weekly goal is selected that fits the sub-theme as well as the objectives to be addressed during the week. Previous themes have included body awareness, the senses, feelings, families, occupations, and seasons.

4. One activity for each day of the week must then be selected that not only fits with the theme/subtheme, but also incorporates the targeted HICOMP objectives. Each week all 25 objectives are incorporated into the activities but in a different way. Thus, each month, every child has four opportunities to practice an objective in the context of four different activities. Activities are selected that can accomodate objectives from a variety of developmental levels so that all children can benefit from them. Thus, a game may have different tasks and expectations for each child, depending on his/her developmental level. A group large motor game, for example may cover objectives that range from crawling or walking to running. This is important in a multi-age group setting like family day care homes.

Caregivers are encouraged to use not only the planner, but the HICOMP activity cards for finding different ways to incorporate objectives into activities. To help them recall children's performance on the daily activities, caregivers are also encouraged to keep notes on the planner concerning who was successful and who was not, as well as ideas for improving on the activity in the future.

5. Each month, caregivers record children's progress on the progress marker. As caregivers record progress on the month's targeted directed teaching and active caregiving objectives, they are also to note whether warning signs or other active caregiving objectives have been met that month by the children. Progress markers are then given to the staff to use as the basis for the following month's planner.

Neighborcare News
June, 1987

The theme for June is "The NATURE of things". This month, you'll be talking about plants, rocks, animals, insects, and birds. This month's activities will have you outside alot, so let's hope the weather is nice! Many of you have probably already planned some nature activities, so please feel free to include them in HICOMP. Just be sure you don't forget about the daily goals for each activity.

A special needs child will be placed at Barb S'. starting June 1. Barb is an "old hand" at working with special needs children so it should be a positive experience for everyone. Sue B. and Denise C. may also be taking a special needs child soon. We are in the process of making visits to the day care homes with the parents.

We are starting to get a lot of new referrals of special needs children. Keep in mind that we need spaces for these children. If you have a waiting list, please put NC at the top of your list. Continuation of the project depends on placement of special needs children in NC homes.

We are planning a brunch in early July to reward you for all your efforts. (Probable date is July 1.) You will be reimbursed for a substitute, transportation, and, of course, the brunch is our treat! You'll receive more information when the plans are definite.

Deb and Kris are going on vacation during June so no visits will be made during those times:
Kris: June 15- June 26
Deb: June 22- June 26

Relax and try to stay cool!

Deb and Kris

CORE VOCABULARY

Week 1

plant
flower: bud, petal, blossom, stem
tree: trunk, leaf, bark, roots
types of trees: fruit, oak, maple, pine, etc.
grow: seed, sprout, bloom
other words: vine, bush, shrub, grass, blade, lawn, ground, green, types of vegetable plants

Week 2

stone, rock, boulder, terrarium, sand, gravel, clay, dirt, mud, ground

Week 3

birds: robins, blue jays, cardinals, black birds, sparrows
insects: butterfly, spider, ant, catepillar
insects have: no bones, 3 pairs of legs, different parts, 1-2 pairs of wings
concepts: pair, up, down, in, out
actions: fly, crawl, hop, hatch, spin, creep

Week 4

animals: mammal, fur, no fur, zoo
zoo: giraffe, tiger, lion, elephant, monkey, alligator, kangaroo
backyard: squirrel, birds, deer, owl
farm: cows, pigs, goats, chickens
pets: dog, cat, birds, fish

Goals

A Problem solving

1. CONCEPT FORMATION

Year	Goal
0-1	P-23 Recognizes familiar words other than own name
1-2	P-55 Names an object or picture
2-3	P-87 Recognizes and labels objects by position (see HICOMP card)
3-4	P-115 Recognizes position of objects (see HICOMP card)
4-5	P-152 Uses position names when asked (see HICOMP card)

B Own care

1. AFFECTIVE REACTIONS TO THE ENVIRONMENT

0-1	O-41 Explores objects by manipulating them
1-2	O-106 Explores the out-doors
2-3	O-145 Joins in play with others (see HICOMP card)
3-4	O-193 Plays contentedly in small groups for increasing periods of time
4-5	O-240 Is comfortable in most play and learning situations

C Motor

1. GROSS MOTOR

0-1	M-12 Creeps
1-2	M-41 Stoops and picks things up
2-3	M-82 Ducks under objects
3-4	M-114 Attempts to skip
4-5	M-142 Skips on alternating feet

2. FINE MOTOR

0-1	M-35 Brings together two objects held in hand
1-2	M-61 Stacks objects (two or more)
2-3	M-95 Builds a bridge of three or more objects
3-4	M-129 Rolls clay into snake shapes
4-5	M-164 Rolls clay into a ball

D Communication

1. LANGUAGE RELATED PLAY

0-1	C-5 Vocalizes amusing sounds (animal sounds, coughs)
1-2	C-33 Provides appropriate vocal responses accompanying a game
2-3	C-62 Participates in simple group games and songs
3-4	C-92 Guesses appropriately during verbal guessing games (see HICOMP card)
4-5	C-119 Plays group games involving orderly turn-taking

Mon 1	Tues 2	Wed 3	Thurs 4	Fri 5
ACTIVITY Briefly discuss the differences between plants and animals, e g what is a plant? Eat apples under a tree today Discuss how apples grow on a certain type of tree Tell children about other types of trees In talking about trees, you can use some of these examples - Leaves grow on trees - Trees rustle in the wind - Leaves fall down to the ground - Encourage children to use the core vocabulary Also include the concepts left, right, top, bottom **GOALS**: Year Goal 0-1 P-23 1-2 P-55 2-3 P-87 3-4 P-115 4-5 P-152	**ACTIVITY** Go on a nature hike today Collect objects from plants- bark, leaves stems, flowers As the children are collecting the items encourage them to practice the goals for today **GOALS**: Year Goal 0-1 M-12 1-2 M-41 2-3 M-82 3-4 M-114 4-5 M-142	**ACTIVITY** Make flowers out of play dough The younger children can just have fun playing with it- you can encourage them to make pieces of clay and stack them **GOALS**: Year Goal 0-1 M-35 1-2 M-61 2-3 M-95 3-4 M-129 4-5 M-164	**ACTIVITY** Use the items children collected on Tuesday Use egg cartons and other containers and have children sort the objects into the containers Encourage the younger children to explore the objects, and the older children to take turns and to cooperate while playing **GOALS**: Year Goal 0-1 O-41 1-2 O-106 2-3 O-145 3-4 O-193 4-5 O-240	**ACTIVITY** Tell a story about what happens to a leaf during the year The older children can guess what s coming next in your story Choose an appropriate finger play and do it with the children **GOALS**: Year Goal 0-1 C-5 1-2 C-33 2-3 C-62 3-4 C-92 4-5 C-119

Major Goal: PLANTS To understand what a plant is, to understand that a plant has different parts

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Mon 8	Tues 9	Wed 10	Thurs 11	Fri 12
ACTIVITY Take a walk around the yard and have children collect as many rocks as they can Wash the rocks and line them up to dry You can then discuss a variety of concepts using the rocks first- middle- last light- dark- small big- smooth- rough Discuss with the children what we can use rocks for how they are different from animals **GOALS**: Year Goal 0-1 P-23 1-2 P-55 2-3 P-87 3-4 P-115 4-5 P-152	**ACTIVITY** Use pieces of paper waffle blocks or anything else that is appropriate Place on the floor as "stoping stones" across a river Have the children cross the river using different methods. e g jumping, walking, hopping, skipping, creeping **GOALS**: Year Goal 0-1 M-12 1-2 M-41 2-3 M-82 3-4 M-114 4-5 M-142	**ACTIVITY** Make "rocks" out of clay play dough, or wet sand Let them dry. Talk about the different shapes and sizes of the rocks Have the children compare the rocks they made with real rocks (soft vs hard light vs heavy) by trying different things with them e g , dropping into a can of water stacking, banging together etc **GOALS**: Year Goal 0-1 M-35 1-2 M-61 2-3 M-95 3-4 M-129 4-5 M-164	**ACTIVITY** Plant a terrarium with the children Cut off the bottom of milk containers Have children fill them with sand or dirt Then go outside Collect a variety of things- plants branches rocks When the children are planting the terrarium, encourage them to take turns Try to have some of the older children work together somewhat independently **GOALS**: Year Goal 0-1 O-41 1-2 O-105 2-3 O-145 3-4 O-193 4-5 O-240	**ACTIVITY** Have a "rock hunt" Hide a number of rocks for the children to find Divide the children into 2-3 groups and have them hunt give them verbal clues to help them find the hidden rocks **GOALS**: Year Goal 0-1 C-5 1-2 C-33 2-3 C-62 3-4 C-92 4-5 C-119

Major goal: **ROCKS** To understand that rocks come in different sizes shapes and textures to understand that there are different names for rocks

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Mon 15	Tues 16	Wed 17	Thurs 18	Fri 19
ACTIVITY Look at picture books/ magazines or coloring books for different types of animals. Talk about the different sounds each one makes. Have a child make an animal sound and see if the others can guess. Take turns **GOALS:** Year Goal 0-1 C-5 1-2 C-33 2-3 C-62 3-4 C-92 4-5 C-119	**ACTIVITY** Pets Look at pictures/ objects and discuss different animals that one can have for a pet. What does the pet need to eat? Where could it sleep? Does it need a cage? What sounds does it make? How do we take care of it? **GOALS:** Year Goal 0-1 C-41 1-2 C-106 2-3 C-145 3-4 C-193 4-5 C-240	**ACTIVITY** Zoo animals. Talk about different zoo animals and look at pictures if possible. Then act out how an elephant walks (put your arms together for a trunk!), how a monkey, giraffe (stretch your neck) alligator, kangaroo and lion act. (Deb has some zoo pictures if you need some.) Look at attached song sheets (p. [illegible] 791 for finger frolics **GOALS:** Year Goal 0-1 M-12 1-2 M-41 2-3 M-82 3-4 M-114 4-5 M-142	**ACTIVITY** Farm animals. Look at pictures, objects and discuss different farm animals. Bring out play dough or modeling clay and have each child make a favorite farm animal **GOALS:** Year Goal 0-1 M-35 1-2 M-81 2-3 M-95 3-4 M-129 4-5 M-164	**ACTIVITY** Backyard animals. What animals can we see in our yard? Look outside and talk about what you see. Where do these creatures live? Emphasize on, under, in, over. Let the children draw pictures of the animals they see outside **GOALS:** Year Goal 0-1 P-23 1-2 P-55 2-3 P-87 3-4 P-115 4-5 P-152

Major goal: ANIMALS To understand that each animal has a specific name e.g. dog vs. cat; to verbally name 4 different types of animals e.g. farm, zoo, pets, backyard and to understand what is an animal and what is not e.g. animate vs. inanimate

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Mon 22	Tues 23	Wed 24	Thurs 25	Fri 26
ACTIVITY Insects vs animals What s the difference? Find insect and animal pictures and/or capture a few insects Insects have no bones and have different body parts Animals have bones and no more than 2-4 arms/legs Ask the children how they can tell an insect from an animal **GOALS**: Year Goal 0-1 C-5 1-2 C-33 2-3 C-62 3-4 C-92 4-5 C-119	**ACTIVITY** Ants Make and eat ants on a log Have children spread peanut butter on celery an drop on raisin ants Or make ants in the snow Have children spread cream cheese on crackers and stick on raisins for ants Work on basic concepts **GOALS**: Year Goal 0-1 P-23 1-2 P-55 2-3 P-87 3-4 P-115 4-5 P-152	**ACTIVITY** Spiders and butterflies Show children pictures/objects of butterflies and spiders Then let them experiment with play dough and create butterflies and spiders **GOALS**: Year Goal 0-1 M-35 1-2 M-61 2-3 M-95 3-4 M-120 4-5 M-164	**ACTIVITY** What is a bird? Have pictures/objects on hand showing different birds Discuss the specific names for common birds e g , robins, black birds, sparrows Then play a bird game Have children form a circle and lead this activity Two little robins on the wall one is named _____ and the other s named _____ Fly away (first child) (Flap arms and fly away) fly away (second child) Come back (first child) (flap arms and return to the circle) come back (second child) Repeat using all of the children s names **GOALS**: Year Goal 0-1 0-41 1-2 0-105 2-3 0-145 3-4 0-193 4-5 0-240	**ACTIVITY** Have children hop, fly, walk, run skip and move like birds Have the children jump into the nest Mark an area on the floor with a rug or tape Have the children stand on the edge and jump into and out of the nest **GOALS**: Year Goal 0-1 M-12 1-2 M-41 2-3 M-82 3-4 M-114 4-5 M-142

Major Goal: **BIRDS AND INSECTS** To understand the differences between insects and animals to verbally name 3 different types of insects to understand what is a bird to verbally name 2 types of birds

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Appendix B

Project Neighborcare
Parents Strengths and Needs Assessment

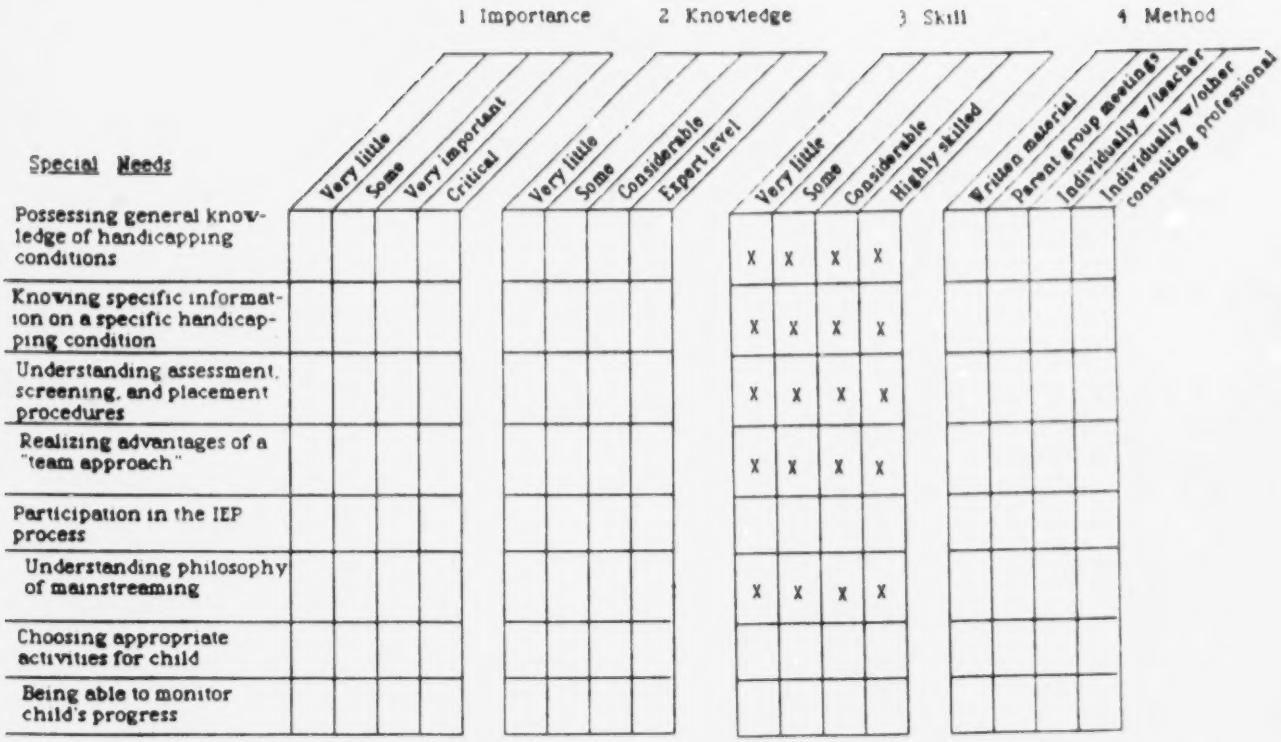
Your name _____ You are ( ) Mother ( ) Father

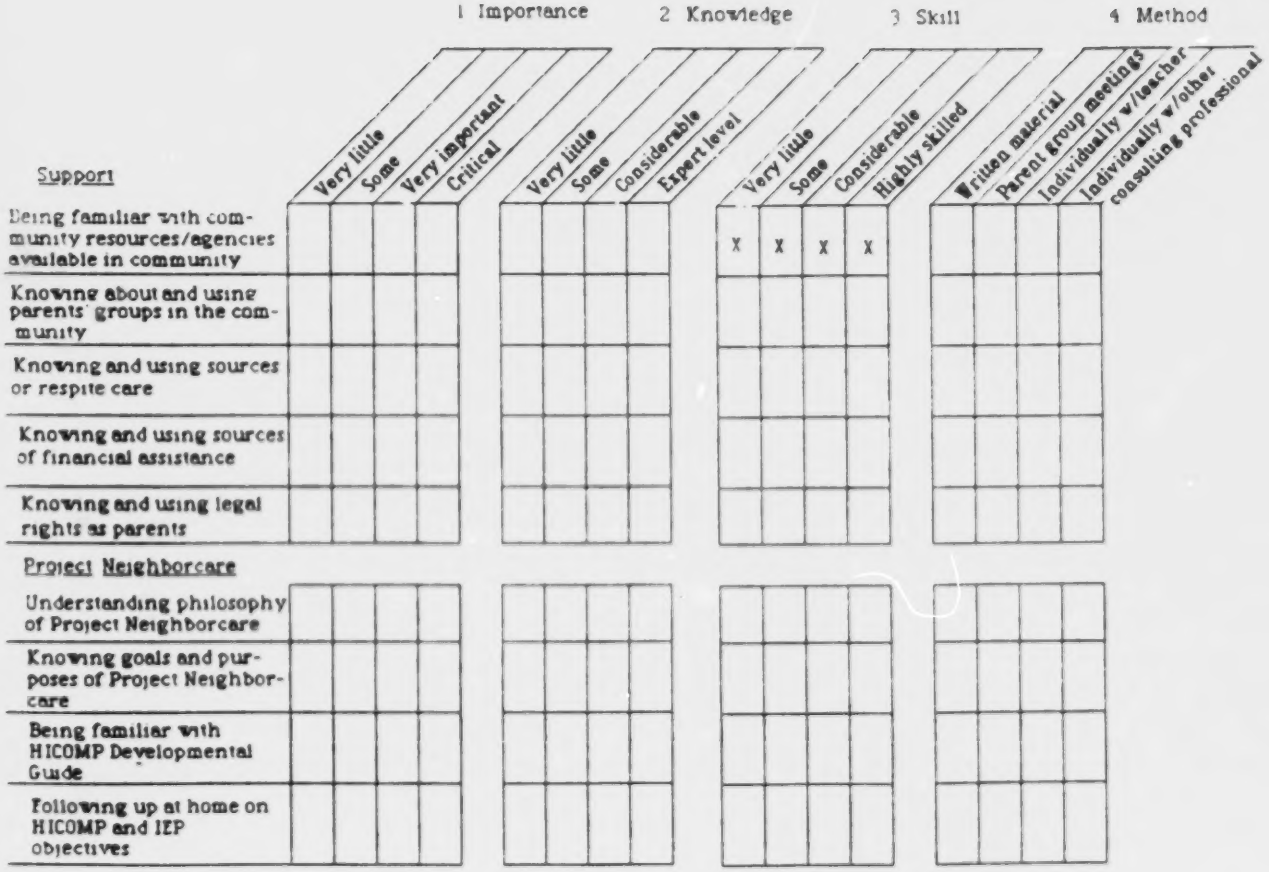
In order to serve families as well as children we need to know what your needs for information and new skills are and how you think these needs might best be met.

Please rate each of the following areas for:

1) its importance to you as a parent
2) your current level of knowledge in each area
3) your current level of skill in each area (if appropriate)
4) your preferred method of receiving information or training in each area

Child Development Understanding development and having realistic expectations in the areas of	1 Importance Very little	Some	Very important	Critical	2 Knowledge Very little	Some	Considerable	Expert level	3 Skill Very little	Some	Considerable	Highly skilled	4 Method Written material	Parent group meetings	Individually w/teacher	Individually w/ other consulting professional
Communication (speech and language skills)									X	X	X	X				
Own Care (self help skills-dressing, eating, toileting)									X	X	X	X				
Motor (gross and fine motor)									X	X	X	X				
Problem solving									X	X	X	X				
Choosing appropriate activities									X	X	X	X				
Choosing appropriate books									X	X	X	X				
Choosing appropriate toys									X	X	X	X				
Using behavior management techniques									X	X	X	X				
Using teaching methods									X	X	X	X				


1 Importance
2 Knowledge
3 Skill
4 Method
Special Needs
Very little
Some
Very important
Critical
Very little
Some
Considerable
Expert level
Very little
Some
Considerable
Highly skilled
Written material
Parent group meetings
Individually w/teacher
Individually w/other consulting professional
Possessing general knowledge of handicapping conditions
Knowing specific information on a specific handicapping condition
Understanding assessment, screening, and placement procedures
Realizing advantages of a "team approach"
Participation in the IEP process
Understanding philosophy of mainstreaming
Choosing appropriate activities for child
Being able to monitor child's progress
X



Adapted from Ruskus, Joan, U. A. "Parents Strengths and Needs Assessment", NAPA Infant Program. California Institute on Human Services (1981).

Appendix C

Frank Porter Graham Child Development Center
500 NCNB Plaza 322A, Chapel Hill, N.C. 27514 (919) 962-2001

FAMILY DAY CARE RATING SCALE

by Thelma Harms and Richard M. Clifford

The Family Day Care Rating Scale (FDCRS) is especially designed to measure the quality of day care provided in home settings. It consists of 33 items organized under 6 major headings. Each item has descriptions for 4 levels of quality. This scale is an adaptation of the Early Childhood Environment Rating Scale, previously developed by the authors for use in center-based early childhood programs.

Overview of Family Day Care Rating Scale

SPACE AND FURNISHINGS

1. Furnishings for rutine care and learning
2. Furnishings for relaxation and comfort
3. Child related display
4. Indoor space arrangement
5. Active physical play
6. Space to be alone (a&b)

BASIC CARE

7. Arriving/leaving
8. Meals/snack
9. Nap/rest
10. Diapering/toileting
11. Personal grooming
12. Health
13. Safety

LANGUAGE & REASONING

14. Informal use of language (a & b)
15. Helping children understand language (a & b)
16. Helping children use language
17. Helping children reason

LEARNING ACTIVITIES

18. Eye-hand coordination
19. Art
20. Music and movement
21. sand and water play
22. Dramatic play
23. Blocks
24. Use of T.V.
25. Schedule of daily activities
26. Supervision of play

SOCIAL DEVELOPMENT

27. Tone
28. Discipline
29. Cutural awareness
30. Provisions for exeptional children

ADULT NEEDS

31. Relationship with parents
32. Balancing personal and caregiving responsibilities
33. Opportunities for professional growth

A Division of the Child Development Research Institute. The University of North Carolina at Chapel Hill

The Family Day Care Rating Scale is now available for use in assessing the quality of day homes. In addition to the scale, a packet of training activities, designed to familiarize potential scale users with the content, format, and scoring system, is also available.

The scale was recently shown to have an interrater reliability of .86 among pairs of raters in a study of 19 homes. It can be used by trainers, supervisors, and caregivers.

NAME _____

INSTITUTION _____

ADDRESS _____

_____

TELEPHONE # _____

Quantity			Amount Enclosed:
_____	Family Day Care Rating Scale	$4.50 each	$ _____
_____	Training Materials Packet	$4.50 each	$ _____
		TOTAL:	$ _____

Please send check, money order or official purchase requisition to:

DC/TATS
FRANK PORTER GRAHAM CHILD DEVELOPMENT CENTER
SUITE 300 NCNB PLAZA
CHAPEL HILL, NORTH CAROLINA 27514

Attention: Thelma Harms

Appendix D

Name of Caregiver

Most children attending at one time

Number of children present today

Ages of children enrolled (in months) to

Name of Rater — Date

Position of Rater

SPACE AND FURNISHINGS

1. Furnishings for routine care & learning
1 2 3 4 (5) 6 7

2. Furnishings for relaxation and comfort
1 2 3 4 (5) 6 7

3. Child related display
1 2 (3) 4 5 6 7

4. Indoor space arrangement
1 2 (3) 4 5 6 7

5. Active physical play
1 2 (3) 4 5 6 7

6. Space to be alone
a) 1 2 (3) 4 5 6 7
b) 1 2 (3) 4 5 6 7

Subtotal for Items 1-6: _____

BASIC CARE

7. Arriving/leaving
1 2 3 4 (5) 6 7

8. Meals/snacks
1 2 (3) 4 5 6 7

9. Nap/rest
1 2 3 4 (5) 6 7

10. Diapering/toileting
1 2 (3) 4 5 6 7

11. Personal grooming
1 2 (3) 4 5 6 7

12. Health
1 2 3 4 (5) 6 7

13. Safety
1 2 3 4 (5) 6 7

Subtotal for Items 7-13: _____

LANGUAGE & REASONING

14. Informal use of language
a) 1 2 3 4 (5) 6 7
b) 1 2 3 4 (5) 6 7

15. Helping children understand language
a) 1 2 (3) 4 5 6 7
b) 1 2 (3) 4 5 6 7

16. Helping children use language
1 2 (3) 4 5 6 7

17. Helping children reason
1 2 (3) 4 5 6 7

Subtotal for Items 14-17: _____

Rating Form for Family Day Care Rating Scale © 1984 Thelma Harms and Richard M. Clifford

LEARNING ACTIVITIES

18. Eye-hand coordination

1 2 (3) 4 5 6 7

19. Art

1 2 (3) 4 5 6 7

20. Music and movement

1 2 3 4 (5) 6 7

21. Sand and water play

(1) 2 3 4 5 6 7

22. Dramatic play

1 2 (3) 4 5 6 7

23. Blocks

1 2 (3) 4 5 6 7

24. Use of T.V.

1 2 3 4 (5) 6 7

25. Schedule of daily activities

1 2 3 4 (5) 6 7

26. Supervision of play

1 2 3 4 (5) 6 7

Subtotal for Items 18-26: _____

SOCIAL DEVELOPMENT

27. Tone

1 2 3 4 (5) 6 7

28. Discipline

1 2 (3) 4 5 6 7

29. Cultural awareness

(1) 2 3 4 5 6 7

30. Provisions for exceptional children

1 2 (3) 4 5 6 7

Subtotal for Items 27-30: _____

ADULT NEEDS

31. Relationship with parents

1 2 (3) 4 5 6 7

32. Balancing personal and caregiving responsibilities

1 2 3 4 (5) 6 7

33. Opportunities for professional growth

1 2 (3) 4 5 6 7

Subtotal for Items 30-32: _____

A. TOTAL SCORE (include all items) _____

B. NUMBER OF ITEMS SCORED (count a's and b's as separate items) _____

C. AVERAGE ITEM SCORE (Total Score divided by Number of Items Scored) _____

Appendix E

Skills Inventory for Caregivers

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

I. With Regard to Basic Knowledge

	A	B	C	D
1. Is familiar with major areas of child development.				
2. Demonstrates a basic knowledge of various handicapping conditions and their effect on the major areas of child development.				
3. Understands the rationale for early intervention.				
4. Understands key terminology used by other persons involved in early intervention.				
5. Understands the service delivery system, and is aware of alternative child care programs.				

II. With Regard to Assessment

* 6. Is able to give the rationale for use of the Entry Level Finder (ELF) and the Progress Marker in the HICOMP Developmental Guide.				
7. When giving the ELF, controls as much as possible factors that may effect the results, for example, sleeping, feeding, parents present, and environmental influences such as the t.v.				
8. When giving the ELF, observes the child's spontaneous behavior versus guiding the child to produce the "right" answer.				
9. Is able to give the ELF without unnecessarily disturbing the child.				

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

	A	B	C	D
10. Soothes and comforts the child during the ELF assessment if necessary.				
11. Adapts ELF tasks when neccessary to encourage the child's best performance.				
12. Records the child's behaviors accurately on the ELF and Progress Marker.				

III. With Regard to the "Team Approach"

13. Can describe the role of each team member in a staffing, including parents.				
14. Participates in placement discussions and decisions by sharing ELF and Progress Marker information in a clear, precise way.				
15. Shares additional ideas/experiences about the child with the other team members.				
16. Utilizes resource persons, such as Neighborcare staff, effectively.				

IV. With Regard to Planning

17. Uses the staffing results and parental input to set yearly goals and and short term objectives for the IEP.				

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

	A	B	C	D
18. Is able to comprehend and interpret objectives on the IEP.				
*19. Is aware of and utilizes the HICOMP Monthly Planner and Developmental Guide on a daily basis in planning activities.				
*20. Plans daily directed teaching activities in advance by using the Planning Cards.				
*21. Incorporates active caregiving objectives into daily routine.				

V. With Regard to Parents

22. Gives parents basic information about Neighborcare's program and services.				
23. Informs parents as early as possible of schedule changes and reasons for change.				
24. Secures commitments from parents for meeting IEP and HICOMP objectives by suggesting activties.				
25. Helps parents select developmental goals and objectives and choose activities to promote them.				
26. Demonstrates ability to guide parents in ways to adapt their home environment and create appropriate materials or toys to meet the needs of their children.				
27. When making suggestions concerning activities for development, is sensitive to parents' preferences, strengths, and limitations.				

A. Need ... [illegible]
B. Need assistance
C. Can do independently
D. Do very well

	A	B	C	D
28. Adjusts plans to meet unforeseen or unplanned for parent needs, for example, family illness.				
29. Demonstrates skill in offering parents suggestion for managing the children's behavior at home.				
30. Is supportive of parents in the role of caregiver, teacher, etc.				
31. Modifies own language to meet the needs of individual children and their parents.				
32. Uses parent observations of their children's progress in planning activities.				
33. Requests feedback from parents on activities and child care through a schedule of daily contact.				
34. Maintains daily contact with parents and receives questions or feedback in a positive way.				

VI. <u>With Regard to Teaching/Training</u>

35. Is able to establish attending behaviors before presenting activities by varying facial expression, language, and materials.				
36. Is able to give rationale for teaching procedures.				
37. Adapts teaching style to each child's needs, for example, rate of learning, choice of materials, ways of responding.				

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

	A	B	C	D
38. Uses techniques of modeling, prompting, shaping, fading, rehearsing				
39. Can select appropriate reinforcers and carry out individual reinforcement procedures.				
40. Pairs concrete reinforcers such as food and toys with praise				
41. Reinforces successive approximations or the step-by-step sequence				
42. Carries out systematic procedures for decreasing inappropriate behaviors.				
43. Is able to carry out procedures suggested and modeled by other team members.				
44. Selects or makes appropriate materials for HICOMP and IEP objectives.				
45. Is able to help a child use adaptive equipment.				
* 46. Records the children's progress systematically on Elf and Progress Marker.				
47. Evaluates activites and progress to determine how well the objectives have been met				

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

VII. With Regard to Affect

	A	B	C	D
48. Demonstrates enthusiasm when working with children and families.				
49. Demonstrates confidence and composure in maintaining the learning environment.				
50. Demonstrates patience and understanding toward children and families by accepting their feelings, cultural, speech, and life style differences.				
51. Assumes initiative and responsibility for accomplishing necessary Neighborcare tasks.				

VIII. With Regard to Own Development

52. Is able to assess her own effectiveness by using children's progress, parent and staff feedback, and FDCH ratings.				
53. Requests and accepts constructive feedback and suggestions for improvement.				
54. Is able to make changes based on the feedback.				

A. Need to learn
B. Need assistance
C. Can do independently
D. Do very well

7

	A	B	C	D
55. Seeks professional development through conferences, workshops, meetings, individual study and reading. For example, attendance of Neighborcare workshops, reading Neighborcare materials, and attending TCCC meetings.				

Adapted from:

Garland, C. W. (1978). Skills Inventory for Teachers. Lightfoot, VA: Child Development Resources.

Linder, T. W. (1983). Early Childhood Special Education: Program Development and Administration. Baltimore: Paul H. Brookes Publishing Co.

* Items must be on the Individual Mastery Plan.

Appendix F

Take-home Workbook

NEIGHBOR
CARE

WORKSHOP SUMMARY

WHO WE ARE/WHO WE SERVE

You have made it through the first workshop! Workshop one introduced you to Project Neighborcare. You learned that Project Neighborcare is an attempt to provide family day care for special needs children by training caregivers, like yourself, to work with these children. Also, you were reminded that becoming a member of the Project Neighborcare team and a participant in this workshop series will allow you to improve and specialize your skills as a family day care (FDC) provider.

The first step to specializing your skills as a provider is to become familar with various handicapping conditions. The handouts in your manual for workshop one listed the warning signs for a number of handicapping conditions. These handouts focused on symptoms during infancy and the preschool years. Communication problems were noted as being the most common handicapping condition among young children. Tips for helping children with the different handicaps were listed. These tips included environmental changes (e. g., giving appropriate toys to help the child), special interaction styles (e. g., touching the visually impaired child while he is talking to you), and technical considerations (e. g., making sure the child's hearing aid is working properly). The most important thing to remember while working with the special needs child is that he is more like nonhandicapped children than he is different. Finally, the blindfold exercise should have given you an idea of limitations created by a handicap and how important it is to emphasize strengths rather than weaknesses.

TAKE HOME ACTIVITY
WHO WE ARE/ WHO WE SERVE

The take home activity is designed to help you learn how to plan for working with a special needs child in your family day care home. Often, you need not change many things. However, as you read in your handouts, each of the handicapping conditions may involve some special action from you or maybe a change in the environment or the task.

The Take Home Activity for this first workshop is as follows:

Part I

Think of one of your most successful "learning" activities. It may have been a special outing (a trip to the zoo), or something you may have made (shape board). Now, think through that activity once more but this time imagine that you have a special needs child in your group. Write down the handicapping condition your "pretend" child has -

_____

Now, outline your learning activity and list the changes you would have to make. You may want to review the "tips for helping" handouts. Also, think about the toys that you will use for that child/activity.

My learning activity is _____

_____

_____

_____

Remember to think about how you might have to change the way you present the activity and the environment.

The specific changes I would have to make in teaching the activity to my special needs child are _____

_____

_____

_____

Part II

What fears, if any, do you have about working with a child who has any one of the handicapping conditions discussed in the workshop? _____

_____

_____

How will the changes you have made in your learning activity affect the other children in your home? _____

_____

_____

What do you see as potential problems in working with a special needs child? _____

_____

_____

What benefits for you, the other children, and the special needs child can be gained from adapting the activity to meet the needs of the handicapped child?

You: _____

Other children: _____

_____

Special Needs Child: _____

_____

What information/skills do you think you will need to gain from Project Neighborcare training to make working with the special needs child easier?

_____

_____

_____

You may want to discuss your answers to these questions with other providers or a friend.

In the next workshop, you will become familiar with a family day care rating scale and the importance of providing quality childcare.

WORKSHOP SUMMARY

WHERE WE LIVE

The theme for this workshop was that all children should receive quality care. To best understand the term quality, the Family Day Care Rating Scale was presented.

The FDC Rating Scale consists of six basic dimensions of quality: 1) space and furnishings, 2) basic care, 3) language and reasoning, 4) learning activities, 5) social development, and 6) adult needs. We talked about how high quality environments stimulate growth in such areas as motor skills and language development. Strategies for improving quality in your day care were also discussed, e.g., making room for every child to have her own space for personal belongings or making files for the storage of health records.

Activities during the workshop helped to explain the rating system. Each section of the six categories contains several items to be rated. The scale ranges from one to seven with one indicating inadequate and seven reflecting excellent. Remember that scores of 1, 3, 5, and 7 have certain goals to be met in order to mark any of these points. To mark an even score of 2, 4, or 6 you must have met all of the goals of the number before and at least half of the goals of the number above.

TAKE HOME ACTIVITY

WHERE WE LIVE

The Take Home Activity for this week is to complete an FDCRS for your home. Be fair to yourself, but also be honest! Allow yourself at least two hours to do the rating (the scale does not have to be done all at one time). Then, answer these questions:

1. How did your actual scores compare to what you thought you would score? _____

   _____

   _____

2. How did you feel about rating yourself? _____

   _____

   _____

3. How does the scale help to determine areas for improvement? _____

   _____

   _____

4. Which of the six categories did you score highest on? _____

   Did you expect to score highest on that category? _____

   Which of the six categories did you score lowest on? _____

Was that what you had expected? _____

5. What changes might you make on the basis of your scores on the FDCRS?

_____

_____

_____

6. What are some changes you would like to make in your basic caregiving? _____

_____

_____

_____

The next workshop will introduce the HICOMP Developmental Guidebook and the Monthly Planner. These instruments will serve to enrich your caregiving and educational skills.

WORKSHOP SUMMARY

WHAT WE USE

In workshop one we talked about the warning signs for different handicapping conditions. Knowledge of the developmental milestones of childhood will help you to see potential developmental problems. The HICOMP developmental guidebook and the Monthly Planner were presented in workshop three. These tools will be used with all of the children in Project Neighborcare homes.

The HICOMP program includes: 1) 500 goals in the developmental areas: communication, own care, motor, and problem solving; 2) the Entry Level Finder (ELF); and, 3) the Progress Marker. The major developmental milestones within the four areas from birth to five years are further subdivided into 21 subareas within the HICOMP guide. The Entry Level Finder will be given by you to find the entry level ages of each child for each area in HICOMP. These ages show you where the child will begin with the HICOMP program. The Progress Marker helps you keep track of the child's progress through HICOMP.

Use of the ELF was the first step to getting the children in your FDCH involved in HICOMP. Understanding the subareas and the need to cover a goal from each of the subareas every month is the second step. Since scheduling and planning 21 objectives for several children can be overwhelming, the Monthly Planner was also presented.

The Monthly Planner is a monthly newsletter which lists the goals and activities that you will work on with the children in your FDCH. The goals are chosen based upon the children's Progress Markers. Thus, the Monthly

Planner will reflect the individual needs of the children. We have categorized the goals as Active Caregiving, Directed Teaching, or Warning Signs (but not listed as such on the planner).

Remember that the Active Caregiving goals are those goals that require no planning other than to remember to focus on them throughout the day. On the other hand, the Directed Teaching goals will need advanced preparation, e.g., you may have to cut pictures from a magazine, and have paper, glue, and crayons ready before doing the goal. Warning Sign goals are the developmental goals that can be assessed through simple observation, e.g., can the infant lift his head while lying on his stomach? Warning Signs goals will not be listed in the planner. However, when recording progress on the Progress Markers, check out what nearby goals (not targeted on the planner) are on the Markers and see if your children are doing these things.

You will do one group activity, if possible, from the Monthly Planner. Goals are listed for each age level. Also, there is a general weekly theme goal listed at the bottom of each week's page. Generally note on your planner if your children understand the major goal for each week. The Monthly Planner also outlines what materials will be needed for working on that month's goals. Further, to help in your daily planning and scheduling, you were given the Daily Activities list in the HICOMP

Developmental Guide. This list places the HICOMP goals under the activities during which they are most likely to happen, e. g., table time, group time, free play.

TAKE HOME ACTIVITY

WHAT WE USE

In order to use the HICOMP program in your home with your children, you must first complete an Entry Level Finder for each **full- time** child. Remember, results of the ELF indicate the level where you begin with HICOMP.

To get you started on your way to using HICOMP in your FDCH, the Take Home Activity for this week is to do an ELF for one child in your FDCH. Follow the directions in your program book and those discussed during the workshop for giving the ELF.

Part I

Name of child _____

Date Entry Level Finder administered _____

Record the entry level ages for each domain:

_____ communication

_____ own care

_____ motor

_____ problem solving

Part II

What problems did you have while using the Entry Level Finder? _____

_____

_____

What might you do differently the next time? _____

_____

_____

_____

What are some things that worked out well when you did the Entry Level Finder? _____

_____

_____

_____

How much time did it take for you to administer the Entry Level Finder?

_____

Was this more or less time than you expected? _____

If you have any questions, go to the instructions in your program book and read through them again. If everything worked out fine, then move on to the " Choosing a HICOMP goal", **Then** "Doing An Activity" sections.

Doing a HICOMP Actvity

The second portion of the Take Home Activity for this workshop is to **first** choose a goal and plan an activity that will help the children to meet that goal. Then, decide how and when you will do the activity. Think about your toy selection also.

Part III

CHOOSE ONE!

Sample Planner

Directed Teaching:

1. C- #__ Talks for a doll or puppet.
2. M- #__ Jumps with both feet over low objects.
3. PS-#__ Imitates a sequence of two simple motor behaviors (Play Simon Says).

Fill in the blanks.

Developmental area _____ Subarea _____

Goal number _____

Goal _____

Give a brief description of the activity:

Materials needed for activity (if any):

Child/children participating in activity:

Day/time activity will be done:

Part IV

Now, do the activity as planned. Then, answer the questions in Part V.

Part V

What was the thing you most enjoyed while doing this activity?

_____

_____

_____

What would you change? _____

_____

How did the children react to the activity? _____

_____

What are some changes, if any, that you would have to make if doing the activity with a special needs child? Pick one type of special needs child.

_____

_____

_____

_____

_____

Workshop four will explore different teaching methods which will help to make your learning activities an even bigger success.

WORKSHOP SUMMARY

HOW WE TEACH

In this workshop, you gained knowledge of the many different methods of teaching: fading; physical, verbal, and visual prompting; rehearsing; modeling; and, shaping. You learned how to divide a skill into small steps and to put the steps in the correct order (task analysis). You also learned how to make teaching simpler so that the child can be successful. Learning how to vary your teaching style may spare you a lot of frustration since one teaching method will not always work for all of the children.

Workshop four also went over the legal rights for special needs children. These rights included the right to a free, appropriate education, placement in the "least restrictive environment", a fair evaluation and placement, and any needed support services for the handicapped child. Due process and the Individual Educational Plan serve to protect those rights. As a member of the Project Neighborcare team you will be asked to help in the development of the IEP for the special needs children in your home.

TAKE HOME ACTIVITY

HOW WE TEACH

Part I

Complete the Inch By Inch Take Home Activity. The directions are on that sheet.

Part II

Give examples of the teaching techniques you might use to teach the skill you chose.

_____

_____

_____

_____

_____

_____

Which teaching method do you think would work best to teach this skill?

_____

Why do you think this is so? _____

Part III

Try teaching the skill you chose to one of the children in your FDCH. Make sure you teach the skill step by step. Write down how the teaching experience worked for you.

_____

_____

_____

_____

Did you find that one teaching method worked best for you? _____

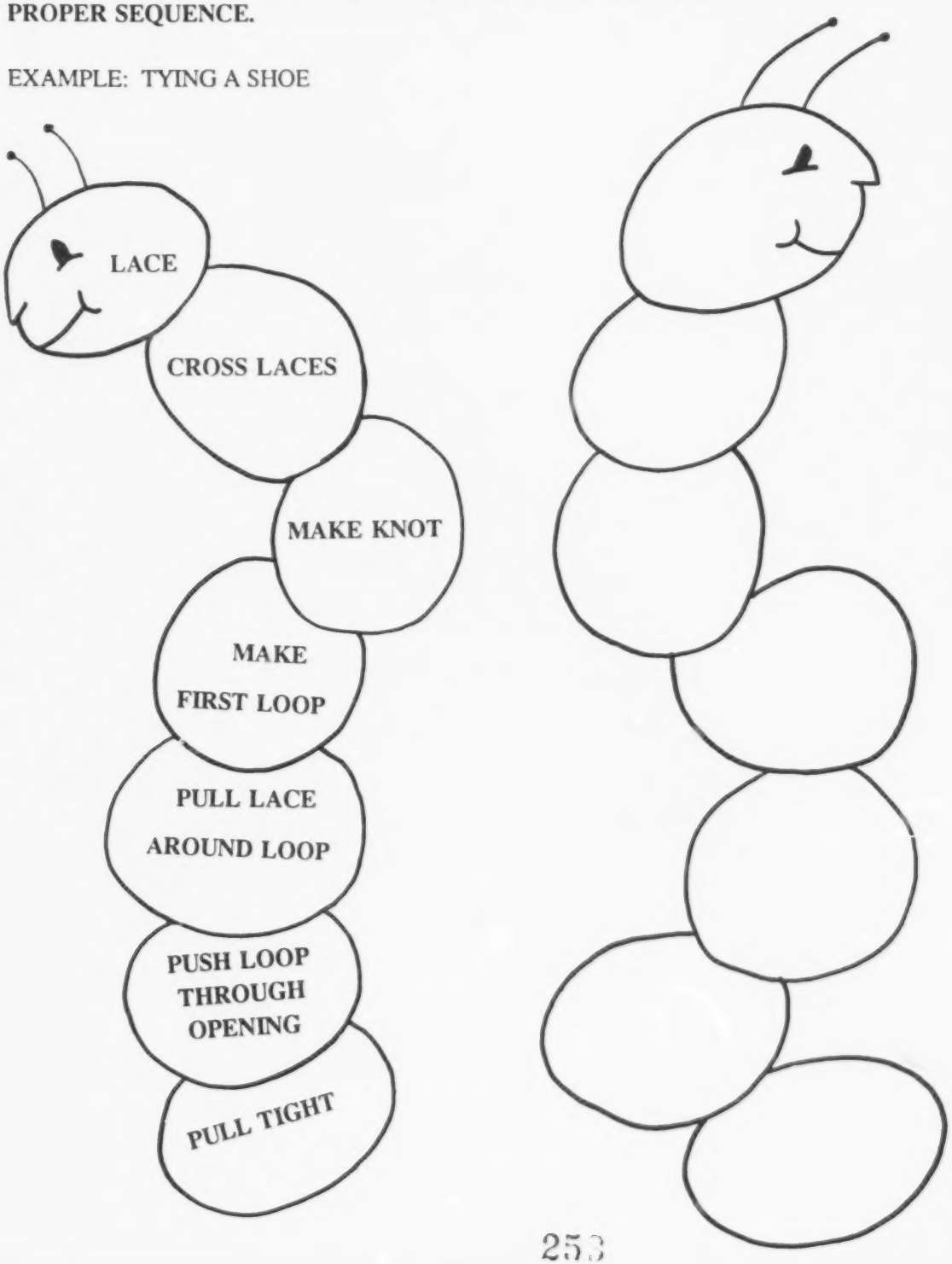
What can you do to improve your teaching skills? _____

_____

_____

CHOOSE ONE BEHAVIOR YOU WOULD LIKE TO TEACH. BREAK DOWN THE SKILL INTO SMALL STEPS. PUT THE STEPS IN THE PROPER SEQUENCE.

EXAMPLE: TYING A SHOE



WORKSHOP SUMMARY

HOW WE GUIDE

Children misbehave for a number of reasons, usually because they do not know the desired behavior, or because they are trying to get attention. Often, people tend to give attention when the child is misbehaving instead of when the child is behaving. The simplest way to handling behavior is to ignore misbehavior and to encourage and praise good behavior.

Praising a child for good behavior also shows the other children what you expect of them too. They may even begin to model the behavior of the praised child so they, too, may receive your praise. If you remember from your handout (Social Reinforcers), positive reinforcement can come in many forms. It can be praising words and phrases, expressions, nearness, or physical contact. One key to the successful use of encouragement and positive reinforcement is to know what is rewarding to that child.

The easiest way to decrease unwanted behavior is to ignore it. However, some children may continue to misbehave even when the behavior is ignored; or the behavior cannot be ignored because it may be harmful to the child or the other children. Most caregivers resort to some type of "time out" in these situations. A good time out is one that follows immediately the "acting out". The time out period should be short (2-5 minutes) and the child should know why he has to take a time out. Also, the time out area should be a separate place (no toys, not able to watch the other children playing).

For any behavior management technique to work, mutual respect and positive caregiver/child relationships are necessary. Remember the following points: make sure the children are aware of your rules; be consistent in enforcing them; attempt to prevent problems before they happen; and, learn which method of behavior management works best for each child.

TAKE HOME ACTIVITY

HOW WE GUIDE

The take home activity for this week will give you practice in using the behavior mangement techniques discussed in workshop five. During the next week, pick one child who has a problem behavior and follow these steps:

Part I

Target or pinpoint the behavior that needs to be weakened _____

_____

Think of a desirable behavior that can take the place of the inappropriate behavior _____

Describe how you are going to weaken the inappropriate behavior (remember, these may be consequences for misbehaving) _____

_____

_____

Describe how you are going to reinforce an emerging appropriate behavior

_____

_____

(Remember to be specific and think small!)

Part II

Now, put what you wrote into action. Try to weaken the inappropriate behavior and increase the desirable behavior. Work on this for 3-4 days and then go on to Part III.

Part III

What changes did you notice in the child's behavior? _____

_____

_____

Did you find that a particular type (e.g., praising words and phrases or expressions) of positive reinforcement fits your personality best? _____

Which one? _____

Was it difficult for you to determine what was rewarding to the child? ___

How did you do this? _____

_____

_____

_____

What was most frustrating about this take home activity? _____

_____

_____

Did you notice any changes in the behavior of the other children? Explain.

_____

_____

_____

_____

WORKSHOP SUMMARY

HOW WE HELP

This is it! The final step to becoming a fully informed Project Neighborcare provider. Up to this point we have emphasized your skills as a caregiver in working with both handicapped and nonhandicapped children. Now, in this last workshop we turn our attention to the needs of parents.

As a family day care provider you meet and work with parents on a daily basis. To give the best service possible you need to know that parents of special needs children have special concerns. The handout, Common Behaviors Of Parents With Special Needs Children, and the guest speakers, showed us that parents of special needs children experience and express certain feelings when they first learn of their child's handicap. Yet, parents of special needs children often have many of the same concerns as parents of nonhandicapped children.

Your relationship with the parents of the special needs child will depend partly on your ability to note the underlying emotions of the parents and to respond appropriately. Often, parents (and the family) of the special needs child will progress through a stage of feelings beginning with shock and denial. Anger, bargaining, and depression are phases that follow the denial stage and lead to the acceptance stage. Not all people go through this process in the same way. Some move through the stages quickly, where as others may get stuck at one level. To achieve full

possible success with the special needs child, it is important that you identify the parents' feelings about the handicapping condition and respond to their needs as well as the child's.

Another factor affecting the success of the placement of the special needs child in your day care home is your ability to respond to the questions asked by the other children in your home and their parents. Children are naturally curious and when the handicapping condition is obvious, they will ask questions. If you remember from the workshop discussion, the best way to handle this situation is to let the special needs child respond if s(he) is comfortable with answering the question. If the child is not able to respond, try to best answer the question without making the special needs child feel uncomfortable. Try to be as open as possible and to let the children in your day care home appreciate the individual differences of everyone.

TAKE HOME ACTIVITY

HOW WE HELP

Now you are ready to begin using HICOMP with all of the children in your home. In the next couple of weeks you will need to do Entry Level Finders for each full time child in your home. You will receive your first Monthly Planner so you can begin doing HICOMP activities with your children.

Also, with the workshop training behind you, it is time to look once again at your home environment and your caregiving skills. The Take Home Activity for this week is to begin to think about your Individual Mastery Plan. Write down the changes you would like to see in yourself and in your day care business.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Appendix G

PROJECT NEIGHBORCARE
WORKSHOP PARTICIPANT'S EVALUATION FORM

Your responses to these questions will give Project Neighborcare staff feedback as to the effectiveness of their information sharing. Your assistance is appreciated and will help us modify and improve future workshops. Please circle the response which best answers the question for you.

ORGANIZATION

1. Was the workshop well-organized?
   Well organized Somewhat organized Poorly organized
   Comments _____
   _____

2. Were the objectives of the workshop clearly stated?
   Very clear Somewhat clear Not clear
   Comments _____
   _____

METHODS

3. Were the methods (such as discussion, team work, or lecture) used during the workshop effective for learning?
   Very effective Somewhat effective Not effective
   Comments _____
   _____

4. Were the audio-visual aids useful instructional tools?
   Very useful Somewhat useful Slightly useful
   Comments _____
   _____

GROUP PARTICIPATION

5. Was there enough time for group discussion?
   Too much Just right No Time
   Comments_____
   _____

6. Did you feel free to participate as much as you wanted?
   Participation encouraged Neutral Felt inhibited
   Comments_____
   _____

STAFF

7. Did the Neighborcare staff demonstrate a thorough knowledge and understanding of the subject's discussed?
   Thorough understanding Partial understanding Inadequate understanding
   Comments_____
   _____

8. Was there adequate preparation by the Project Neighborcare staff?
   Excellent preparation Some preparation Poor preparation
   Comments_____
   _____

9. Was the information presented in a clear, easy-to-understand manner?
   Very easy to understand Fairly easy to understand Difficult to understand
   Comments_____
   _____

10. Were your questions adequately answered?
    Complete answers Partial answers Questions not answered
    Comments_____
    _____

LEARNING

11. Did the meeting teach you something new or change any of your attitudes?
    a) I learned _____
    _____
    b) I changed my attitude about _____
    _____

12. As a result of this workshop, will you change what you do in your FDCH in any way?
    Considerable changes Some changes No changes
    Comments _____
    _____
    _____

13. The part I liked best about the workshop was _____
    _____

14. The thing I would most like to see changed in the workshop is _____
    _____
    _____

Appendix H

CAREGIVER'S INDIVIDUAL MASTERY PLAN

Name	Telephone #
Address	

NEIGHBOR CARE

Objectives	Pre-	Post-	Signatures
			1st conf.
			2nd conf.
Special Considerations			

Appendix I

Project Neighborcare

Recognizes

for training in early childhood education
that qualifies her to serve all children,
regardless of development level, in a
professional way.

Director

Supervisor

Date

Appendix J

PROJECT NEIGHBORCARE
Summary of Visit

FDCH Provider: _____ Date/Time:_____

Contact Person: _____

Type of Contact:

Consultation	[ ]	Phone Call	[ ]
Demonstration	[ ]	Other	[ ] _____
Observation	[ ]		

Purpose:

Discussion/Activity:

Summary/Evaluation/Follow-up:

Next Meeting-
Date/Time: _____
Assigned Activity: